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LANCASHIRE COUNTY COUNCIL

---

EDUCATION COMMITTEE

---

FIFTY-SECOND  
ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1960





LANCASHIRE COUNTY COUNCIL

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EDUCATION COMMITTEE

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FIFTY-SECOND  
ANNUAL REPORT

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Principal School Medical Officer

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YEAR ENDED 31st DECEMBER, 1960

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## SCHOOL HEALTH SUB-COMMITTEE (1960)

### CHAIRMAN—

County Alderman J. Bradley, J.P.

### VICE-CHAIRMAN—

County Councillor F. Ley

### COUNTY ALDERMEN—

Sir Alfred Bates, M.C., D.L.  
(*Ex officio* : Vice-Chairman of County Council.)  
Mrs. M. J. Clephan.  
Mrs. E. A. Fell  
Mrs. K. M. Fletcher, C.B.E., M.A., J.P.  
(*Ex officio* : Chairman of Education Committee.)  
T. Hourigan

J. R. Hull. (*Ex officio* : Vice-Chairman of Education Committee.)  
J. Selwyn Jones, J.P. (*Ex officio* : Chairman of Finance Committee.)  
Mrs. W. Kettle, J.P.  
Fred Longworth  
Sir Andrew Smith, C.B.E., J.P. (*Ex officio* : Chairman of County Council.)

### COUNTY COUNCILLORS—

Mrs. A. G. Clayton  
J. P. Ennis, J.P.  
Mrs. E. Hanley, M.B.E., J.P.  
John W. Hill, J.P.  
Mrs. A. M. Milloy, J.P.  
Miss F. M. Openshaw, J.P.

Frank W. Pickles  
Mrs. S. Pimblett  
W. N. Taberner, J.P.  
J. S. Wadsworth  
Mrs. G. M. Warburton  
P. Worth

### OTHER MEMBERS—

Rev. H. O. Fielding

R. Owen

Rev. Mrs. K. M. Hendry

### CHIEF EDUCATION OFFICER—

Percy Lord, B.Sc., M.ED.

### CLERK OF THE COUNTY COUNCIL—

Sir Robert Adcock, C.B.E., D.L. (until 1.4.60)  
C. P. H. McCall, M.B.E., T.D., D.L. (from 1.4.60)

## MEDICAL STAFF

(JOINTLY WITH HEALTH AND WELFARE SERVICES.)

---

**County Medical Officer of Health and Principal School Medical Officer.**  
S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

**Deputy County Medical Officer of Health and Deputy Principal School Medical Officer.**  
T. P. Sewell, T.D., M.D., CH.B., D.P.H.

**Chief Assistant County Medical Officers.**  
R. W. Eldridge, B.Sc., M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.  
T. S. Jones, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.  
Irene E. Howorth, B.Sc., M.B., CH.B., D.R.C.O.G., D.C.H., D.P.H.

**Principal School Dental Officer.**  
L. B. Corner, L.D.S., R.C.S. (EDIN.)

**Superintendent School Nurse and Health Visitor.**  
Miss P. C. L. Gould, F.R.S.H.

**Deputy Superintendent School Nurse and Health Visitor.**  
Mrs. C. E. Dickson

**Assistant Superintendent School Nurses and Health Visitors.**  
Miss T. F. Melsher.  
Miss E. Lees, T.D.  
Miss E. L. Smeltzer  
Miss E. P. Stanley

**Senior Administrative Assistant, School Health Department.**  
R. Bamford.

**Divisional School Medical Officers.**  
F. W. Bunting, M.B.E., M.D., CH.B., D.P.H.  
A. C. Crawford, T.D., M.B., CH.B., D.P.H., D.T.M.  
W. J. Elwood, M.B., B.CH., B.A.O., D.P.H.  
R. W. Farquhar, B.Sc., M.B., CH.B., D.P.H.  
J. G. Hailwood, M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H.  
T. P. O'Grady, M.B., B.CH., B.A.O., D.P.H. (Deceased 31/10/60.)  
A. N. Pickles, M.B., CH.B., D.P.H.  
G. H. Potter, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.  
R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.  
W. Sharpe, B.Sc., M.B., CH.B., D.P.H.

A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
 E. Taylor, M.B., CH.B., D.P.H.  
 C. H. T. Wade, B.Sc., M.D., CH.B., D.P.H.  
 J. Walker, M.B., CH.B., D.P.H., L.D.S., D.P.D.  
 R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.  
 J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.  
 C. R. Wilson, M.B., CH.B., D.P.H.

#### School Medical Officers.

- \*Phoebe Armstrong, B.Sc., M.B., B.Ch., C.P.H. (Appointed 11/10/60.)  
 Hazel I. Ashford, M.B., CH.B., D.P.H.
- \*Amy M. Baird, L.R.C.P., L.R.C.S. (Resigned 8/4/60.)  
 Beryl A. Barlow, M.B., CH.B., D.P.H.  
 Marion B. Barnett, M.B., B.S. (Appointed 31/10/60.)  
 Eileen M. Beirne, M.B., B.Ch., B.A.O., D.P.H. (Resigned 20/6/60.)
- \*Janet M. Bell, M.B., CH.B. (Appointed 4/1/60.)  
 Helen G. M. Bennett, M.B., CH.B., D.P.H.  
 M. B. Bergin, M.B., B.Ch., B.A.O. (Appointed 1/5/60.)  
 E. A. R. Berkley, T.D., M.R.C.S., L.R.C.P.  
 S. M. Bieber, M.R.C.S., L.R.C.P., D.P.H., D.T.M & H., D.I.H. (Appointed 1/9/60.)  
 Margaret Bishop, M.B., B.S. (Appointed 25/7/60.)  
 Doris J. Black, B.A., M.B., B.Ch., B.A.O.  
 Pauline Blockey, M.B., CH.B.  
 A. D. Bostock, M.B., CH.B. (Resigned 31/3/60.)  
 B. Bowman, M.B., CH.B.  
 G. R. Brackenridge, M.B., CH.B.
- \*J. Brooks, M.R.C.S., L.R.C.P., D.P.H.  
 Margaret E. Broughton, M.B., B.S.  
 J. R. Brown, M.B., CH.B., M.R.C.S., L.R.C.P.
- \*Elizabeth Calderwood-Smith, M.A., M.B., CH.B., D.P.H.  
 Mary R. Cardwell, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (Appointed 18/7/60.)
- \*Marguerite E. Cliff, M.D., CH.B., D.P.H. (Retired 4/10/60.)  
 Joan Marie Curtis, M.B., CH.B. (Appointed 14/12/60.)  
 Sheila P. Dain, M.B., CH.B.
- \*Elsie M. Dakin, M.B., CH.B.  
 Marjorie T. Dare, M.B., CH.B., D.P.H.
- \*R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.  
 E. Desmond, M.B., B.Ch., B.A.O., L.M., D.P.H. (Resigned 4/6/60.)  
 Jeannette Diamond, M.B., CH.B., D.R.C.O.G., D.P.H.  
 H. Diggles, M.B., CH.B.  
 D. J. Doherty, M.B., CH.B., D.P.H.  
 J. K. Doherty, L.R.C.P. & S.I., L.M., D.P.H.  
 Janet M. Donald, M.B., CH.B., D.R.C.O.G.
- \*Mary Duguid, M.B., CH.B.  
 A. S. Dunn, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.C.H., D.P.H.



- \*Jean F. Dunn, M.B., CH.B.
- \*Beryl Edgecombe, M.B., CH.B., D.P.H.  
Jean M. Edwards, M.A., M.B., CH.B., D.P.H.
- \*G. M. H. Ellis, M.B., CH.B.  
Mary Evans, M.B., CH.B., D.P.H.
- \*Margaret Fairclough, L.A.H.(I).  
W. R. Falconer, M.B., CH.B., D.P.H.  
Madge Farmer, M.B., CH.B., D.P.H.  
Margaret A. Feeney, M.B., B.CH., B.A.O., D.P.H.
- \*L. M. Fenton, L.R.C.P., L.R.C.S., L.R.F.P. & S. (Appointed 28/7/60.)  
E. J. H. Foster, M.B., CH.B., D.R.C.O.G., D.P.H. (Appointed 25/7/60.)  
Maud M. Frankland, M.R.C.S., L.R.C.P., L.M., D.R.C.O.G.  
D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H.  
Wilhelmina N. Gaye, M.R.C.S., L.R.C.P., D.P.H. (Appointed 22/8/60.)  
Patricia F. M. B. Gould, M.B., CH.B., D.P.H.  
Anne C. V. Greig, M.B., CH.B., D.P.H. (Resigned 16/7/60.)  
Catherine E. Hall, M.B., CH.B., D.R.C.O.G., D.C.H. (Appointed 2/8/60.)  
Winifride M. Hamilton, M.R.C.S., L.R.C.P., D.P.H.  
Mary P. Haran, M.B., B.CH., B.A.O., D.P.H.  
C. Harris, M.B., B.CH., B.A.O., D.P.H.
- \*W. S. Haydock, B.A., M.D., B.CH., B.A.O., D.P.H.  
Susan Hetherington, M.B., CH.B. (Appointed 1/10/60.)
- \*W. Houston, M.B., CH.B.  
Bessie Howarth, M.B., CH.B.  
Lilian W. Hughes, M.B., CH.B.  
Brenda Jones, M.B., CH.B., D.P.H. (Appointed 1/4/60)  
R. E. Jones, M.B., CH.B. (Resigned 9/1/60.)  
A. D. Kelly, L.R.C.P., L.R.C.S., D.P.H. (Resigned 30/9/60.)
- \*H. Kempsey, M.B., CH.B. (Resigned 31/8/60.)  
Barbara M. Knight, M.B., CH.B., D.P.H.  
Joan Knowles, M.B., CH.B., D.P.H.  
Patricia E. Linnell, M.B., B.S., L.R.C.P., L.R.C.S. (Appointed 13/6/60 ; Resigned 15/12/60.)
- \*W. F. Lyle, B.Sc., M.D., B.CH., B.A.O., D.P.H.  
Mary Mangan, M.B., B.C.H.  
D. C. Marshall, M.B., CH.B. (Appointed 7/9/60.)  
J. F. McGovern, M.B., M.CH., B.A.O., D.P.H.
- \*Alice T. McHugh, L.R.C.P., L.R.C.S., D.P.H. (Appointed 24/5/60.)  
Sheila L. McKinley, M.B., CH.B., D.C.H.  
Joyce M. Medley, M.B., CH.B.  
H. R. W. Miller, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.  
R. Million, M.B., CH.B. (Resigned 30/11/60.)  
Susan H. Montgomery, M.B., CH.B.  
Evangeline T. Morahan-Smidly, M.B., B.CH., B.A.O.  
J. E. Morris, B.Sc., M.B., B.CH., D.C.H.  
S. Naylor, B.Sc., M.B., CH.B., D.P.H.



- L. G. Nicol, M.R.C.S., L.R.C.P., D.P.M., D.P.H.  
 J. O'Gorman, M.B., B.CH., D.P.H. (Appointed 11/1/60.)  
 D. W. J. O'Neill, M.B., CH.B., M.R.C.S., L.R.C.P.  
 J. M. V. Packer, M.B., CH.B., D.P.H.  
 P. F. A. Pereira, M.B., B.S., D.P.H. (Resigned 14/10/60.)  
 W. A. Pollitt, M.R.C.S., L.R.C.P., D.P.H.  
 \*Bridget Purcell, L.R.C.P. & S. (Appointed 1/11/60.)  
 H. G. Robinson, M.B., CH.B., D.P.H.  
 \*Jean Robson, M.B., CH.B., D.C.H.  
 \*C. Royle, M.B., CH.B., D.C.H.  
 P. M. Sammon, M.B., CH.B., D.P.H.  
 R. Schofield, M.B., CH.B.  
 T. W. Sherratt, L.R.C.P., M.R.C.S., L.D.S.  
 \*J. Simpson, M.D., CH.B., D.P.H. (Resigned 29/2/60.)  
 F. Simm, M.R.C.S., L.R.C.P.  
 A. H. Sippert, M.B., CH.B.  
 F. Smith, M.B., CH.B., D.R.C.O.G., D.C.H. (Appointed 26/9/60.)  
 J. C. Talbot, L.R.C.P., M.R.C.S. (Appointed 5/9/60.)  
 \*Margaret Talbot, M.B., CH.B. (Appointed 11/10/60.)  
 Morfudd E. Thomas, B.Sc., M.B., B.CH.  
 \*Olive M. Thomas, M.B., CH.B., D.P.H.  
 Margaret M. Timpany, M.B., CH.B., D.P.H.  
 \*Helen M. Turner, M.R.C.S., L.R.C.P. (Appointed 5/10/60.)  
 Barbara J. Walker, M.B., CH.B., D.C.H.  
 Sheila M. Wheeler, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H.  
 \*Sheila Wightman, M.B., CH.B., D.R.C.O.G. (Resigned 2/1/60.)  
 \*Cecilia F. G. Wild, M.B., CH.B., D.P.H.  
 D. Wild, M.B., CH.B., D.R.C.O.G., D.P.H. (Resigned 25/6/60.)  
 J. D. Willins, M.B., CH.B., D.P.H.  
 \*Sidney L. Wray, B.A., M.B., B.CH., B.A.O.  
 I. G. Yule, M.B., CH.B., D.C.H. (Appointed 15/2/60.)  
 \* Part-time.

#### Area Dental Officers.

(Whole-time)

- |  |   |
|--|---|
| J. P. H. Donovan, L.D.S.                     | L. A. Jones, L.D.S.                       |
| G. Entwisle, L.D.S.                          | W. J. Meakin, L.D.S. (Resigned 31/10/60.) |
| J. A. Hargreaves, L.D.S. (Appointed 1/7/60.) | C. R. Wheeler, L.D.S. (From 1/4/60.)      |
| J. F. Higson, B.D.S. (Appointed 1/4/60.)     |   |

#### School Dental Officers.

(Whole-time)

- R. Ackers, L.D.S., (Retired 30/9/60.)  
 H. J. Appleyard, L.R.C.P. & S., L.R.F.P. & S., L.D.S.  
 T. N. Ashall, L.D.S.

T. A. M. Ashman, L.D.S.  
 H. S. Ashworth, L.D.S. (Deceased 19/8/60.)  
 Joan M. Bullough, L.D.S.  
 A. E. Butler, L.D.S.  
 Margaret E. Caldwell, L.D.S.  
 Margaret Clark, L.D.S. (Appointed 8/2/60.)  
 J. B. Cooney, L.D.S.  
 E. Crosbie, L.D.S.  
 F. J. W. Dewhurst, L.D.S.  
 G. R. Fairclough, L.D.S.  
 L. B. Hall, L.D.S.  
 C. V. Heap, L.D.S.  
 J. S. Higham, B.D.S.  
 W. A. Linnell, L.D.S.  
 W. R. Lord, L.D.S. (Appointed 3/10/60.)  
 Joan Lynch, L.D.S.  
 J. Ogden, B.D.S.  
 Mary M. Pellatt, L.D.S.  
 Kathleen Platt, L.D.S.  
 A. W. Poole, L.D.S.  
 B. H. Reid, L.D.S.  
 Margaret E. Robinson, L.D.S. (Appointed 14/6/60.)  
 G. C. Royley, L.D.S.  
 Mary B. Scott, L.D.S.  
 H. O. Silcock, L.D.S. (Retired 12/7/60.)  
 I. D. J. Smith, L.D.S.  
 H. V. O. Trenbath, L.D.S.  
 C. R. Wheeler, L.D.S. (Until 31/3/60.)  
 Susan J. S. Wood, L.D.S. (Until 31/10/60.)  
 Bertha D. Worswick, B.D.S.

*(Part-time)*

A. G. Addinsell, L.D.S.  
 G. H. Bancroft, B.D.S. (Resigned 30/9/60.)  
 J. Barcroft, L.D.S.  
 A. E. Baron, L.D.S. (Resigned 16/9/60.)  
 D. W. Barron, L.D.S. (Resigned 20/12/60.)  
 A. Beswick, B.D.S. (Appointed 23/11/60.)  
 Dorothy A. Carson, L.D.S. (Appointed 27/9/60.)  
 R. Churney, L.D.S.  
 H. K. Clough, L.D.S.  
 J. C. Coates, B.D.S.  
 R. A. Collins, L.D.S.  
 C. R. Cooper, L.D.S.  
 P. F. Cunningham, L.D.S.

R. Dannous, D.D.S. (Appointed 18/1/60).  
 A. M. Flett, L.D.S.  
 H. Gibson, L.D.S.  
 Joyce Gibson, L.D.S.  
 L. Glickman, L.D.S.  
 Catherine T. M. Green, L.D.S.  
 J. Heyes, L.D.S.  
 N. P. Hilton, L.D.S.  
 A. Hodgkinson, L.D.S.  
 N. Hoy, L.D.S. (Resigned 25/11/60.)  
 A. L. Hutton, B.D.S. (Resigned 17/10/60.)  
 N. Jochnowitz, L.D.S.  
 A. Jones, L.D.S.  
 L. Lever, L.D.S.  
 Beryl Levy, B.D.S.  
 Margaret Lord, B.D.S. (Resigned 8/4/60.)  
 J. S. Marsden, L.D.S.  
 R. Marshall, B.D.S.  
 G. B. Marton, M.D., L.D.S. (Appointed 12/1/60.)  
 L. Mason, L.D.S.  
 Kathleen R. Maxfield, L.D.S.  
 R. G. McBurnie, L.D.S.  
 K. E. Metcalf, L.D.S.  
 Bertha M. O'Regan, B.D.S. (Appointed 19/10/60.)  
 Maggie Robinson, L.D.S.  
 P. D. Robinson, L.D.S.  
 J. S. Selwyn, L.D.S. (Appointed 27/7/60.)  
 A. F. Sheff, L.D.S. (Appointed 14/11/60.)  
 W. Simkins, L.D.S. (Appointed 29/2/60 ; Resigned 30/12/60.)  
 G. K. Taylor, L.D.S.  
 Alice M. D. Tomlinson, L.D.S.  
 A. D. Torry, L.D.S.  
 Annie H. Tyldesley, B.D.S. (Appointed 10/10/60.)  
 P. G. Wadsworth, L.D.S. (Resigned 16/1/60.)  
 L. D. Walmsley, L.D.S.  
 Freda N. Williams, L.D.S. (Appointed 4/7/60.)  
 J. K. Williams, L.D.S. (Appointed 1/2/60 ; Resigned 28/4/60.)  
 Susan J. S. Wood, L.D.S. (From 2/11/60 ; Resigned 31/12/60.)

#### Orthodontists.

(Part-time)

J. Angelman, L.D.S., H.D.D.  
 L. C. E. Hodgkins, L.D.S.

H. Pogrel, L.D.S., D.ORTH., R.C.S.  
 F. D. Rowe, L.D.S.

**Dental Anaesthetists.***(Part-time)*

L. J. Atkinson, M.A., B.M., B.CH.  
 J. Bell, L.D.S.  
 R. C. Bellingham, M.B., CH.B.  
 D. J. A. Brown, M.B., D.A., F.F.A., R.C.S.  
 Olive M. Capper-Johnson, M.A., M.B., B.CH., M.R.C.P.  
 A. K. Cooper, M.B., CH.B.  
 D. G. Dingle, M.B., B.CH.  
 I. Ll. Francis, M.B., CH.B., F.F.A., R.C.S.  
 I. L. Glaisher, M.R.C.S., L.R.C.P.  
 J. E. Glover, M.B., CH.B., M.R.C.S., L.R.C.P.  
 L. K. Gray, L.D.S.  
 N. J. T. Hamilton, M.B., B.CH., B.A.O.  
 E. C. Heap, M.R.C.S., L.R.C.P.  
 J. S. Johnston, M.B., B.CH., B.A.O.  
 A. Kilpatrick, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G.  
 N. Levy, M.B., CH.B., D.P.H.  
 R. Mallinson, M.B., CH.B.  
 Mary J. McCann, L.R.C.P., L.R.C.S.  
 W. D. Oliver, M.B., CH.B.  
 J. F. O'Grady, D.L., T.D., M.B., CH.B., L.A.H.  
 A. Ramsden, M.B., CH.B., L.D.S.  
 E. Scott, M.R.C.S., L.R.C.P.  
 A. J. Sims, M.B., B.S., M.R.C.S., L.R.C.P.  
 L. E. Stirzaker, L.D.S.  
 J. Tierney, L.R.C.P. & S.  
 G. R. Whittaker, M.B., CH.B.  
 T. Wignall, L.D.S.  
 F. W. Williams, B.D.S.

**Ophthalmic Surgeons.***(Part-time)*

E. Allan, M.B., CH.B.  
 H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.  
 J. Berkson, M.B., CH.B., D.O.M.S., D.A.  
 T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.  
 B. Boas, M.D.  
 Pheobina Brittain, B.A., M.B., B.CH., B.A.O.  
 J. M. Broderick, M.R.C.S., L.R.C.P.  
 Elizabeth Calderwood-Smith, M.A., M.B., CH.B., D.P.H.  
 T. Chadderton, M.R.C.S., L.R.C.P., D.O.M.S.  
 W. G. L. Flather, M.B., CH.B., D.O.M.S.  
 L. B. Hardman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.O.M.S.  
 H. C. Kodilinye, M.B., CH.B., D.O.M.S., D.O.

J. T. Lees, M.B., CH.B., D.O.M.S.  
 Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.  
 J. McLenachan, M.B., CH.B., D.O.  
 J. Matthews, M.R.C.S., L.R.C.P., D.P.H.  
 D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.  
 Rhona A. Reid, M.A., M.B., CH.B., D.O.  
 R. S. Ritson, M.A., M.B., CH.B.  
 L. Rose, M.B., CH.B.  
 T. E. Shannon, M.B., B.CH., B.A.O., D.O.M.S.  
 Cecilia M. Simmons, M.B., B.CH., B.A.O., D.O.M.S.  
 Dorothy Simmons, M.B., CH.B.  
 H. B. Smith, M.B., B.CH., B.A.O., D.O.M.S., M.CH. (OPHTH.)  
 P. R. Stevens, M.R.C.S., L.R.C.P., D.O.  
 H. V. White, M.C., M.D., CH.B.

### **Aural Surgeons.**

*(Part-time)*

M. J. Maxwell, M.B., CH.B., F.R.C.S. (EDIN.)  
 S. Panniker, M.B., CH.B., D.L.O.  
 R. V. Tracy-Forster, M.B., CH.B., F.R.C.S., D.L.O.

### **Orthopaedic Surgeons.**

*(Part-time)*

R. W. Agnew, M.B., CH.B., F.R.C.S., M.CH. (ORTH.)  
 H. G. A. Almond, M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S., M.CH. (ORTH.)  
 Jean T. W. Bucknell, M.B., CH.B.  
 A. P. Gracie, M.B., CH.B., F.R.C.S.  
 Marguerite F. Johnstone, M.B., CH.B.  
 I. D. Kitchin, M.B., CH.B., F.R.C.S. (EDIN.)  
 E. Knowles, M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S. (EDIN.), M.CH. (ORTH.)  
 W. Lamont, M.B., CH.B., F.R.C.S.  
 S. M. Milner, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.S.  
 G. V. Osborne, M.B., CH.B., F.R.C.S. (EDIN.), M.CH. (ORTH.)  
 H. C. Palin, M.B., B.CH.  
 A. Ronald, M.D., CH.B., F.R.C.S.  
 E. Strach, M.D., F.R.C.S.  
 W. A. L. Thompson, M.B., CH.B., F.R.C.S., M.CH. (ORTH.)  
 E. L. Trickey, M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.S.  
 V. H. Wheble, M.A., B.M., B.CH., F.R.C.S., D.T.M. & H.  
 J. K. Wright, B.Sc., M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S.

### **Psychiatrists.**

*(Part-time)*

Maria J. Dale, M.D.  
 Wilhelmina L. Devlin, M.B., B.CH., B.A.O., D.P.M., D.P.H.

**Speech Therapists.***(Whole-time)*

Miss R. E. Abraham.  
 Miss P. Cannell.  
 Mrs. C. J. Capes.  
 Mrs. M. Cleaver (Resigned 13/8/60.)  
 Miss J. Eckersley (Resigned 31/12/60.)  
 Mrs. B. M. Hope (Until 29/2/60).  
 Mrs. J. Houghton (Resigned 3/9/60.)  
 Miss E. A. Johnson.  
 Miss P. M. Leche (Appointed 4/7/60.)  
 Mrs. P. M. Molyneaux  
 Mrs. B. A. Oliver.  
 Miss A. E. M. Paull.  
 Miss A. F. Shaw (Resigned 30/6/60.)  
 Mrs. A. P. Shelley.  
 Mrs. G. Yardley.

*(Part-time)*

Mrs. G. I. J. Arkle (Resigned 27/10/60.)  
 Mrs. J. Corcoran.  
 Mrs. B. M. Hope (From 1/3/60.)  
 Mrs. M. L. Ingamells.  
 Miss W. Spencer (Resigned 22/10/60.)  
 Mrs. C. D. Woodcock.

**Orthoptists.***(Whole-time)*

Miss P. T. Dalby.

*(Part-time)*

Miss J. Allanson.  
 Miss S. Sutcliffe.

**Itinerant Teachers of the Deaf.**

J. J. Finigan.  
 Miss M. J. Hewitt.

Miss H. G. Johnson, B.A.  
 E. R. Wall.

**Educational Psychologists.**

J. E. Merritt, B.A. (Resigned 31/1/60.)  
 Miss E. M. Moore, B.A., B.ED.  
 T. Simm, B.SC.  
 Mrs. M. A. Spencer (Appointed 29/8/60.)  
 D. B. Worthington, M.A. (Resigned 31/5/60.)

**Psychiatric Social Workers.***(Whole-time)*

Mrs. W. H. Cottrill, B.A. (Admin.)  
 Miss M. Pugh (Resigned 29/2/60.)

*(Part-time)*

Mrs. O. L. Keidan (Resigned 31/8/60.)

**Physiotherapists.***(Whole-time)*

Miss S. Brown.  
 Miss D. R. Duncan.  
 Mrs. M. Garrett.  
 Miss B. Huxtable.  
 Miss M. Johnson.  
 Miss E. M. Smith.

*(Part-time)*

Mrs. M. L. Collins.  
 Mrs. M. Hall.  
 Mrs. M. Horrocks.  
 Mrs. H. Jordan.  
 Mrs. P. Rothwell.  
 Mrs. E. Wade.



**Chiropodists.**  
(*Part-time*)

Mrs. M. Barnes.  
N. J. Bell (Resigned 18/5/60.)  
D. B. Bradburn (Appointed 31/8/60.)  
J. C. Dagnall.  
J. W. Davidson.  
D. J. Day  
Miss A. C. Drury.  
A. Eaves

Mrs. E. Hargraves.  
P. S. Hargreaves.  
E. I. Hunt.  
Miss F. Kahn (Resigned 30/12/60.)  
R. J. Smith.  
P. Speak.  
Mrs. C. Walsh.  
E. D. Wyatt.

**School Nurses and Health Visitors.**

Miss E. Alldred.  
Mrs. P. G. Allen.  
Miss M. Alletson.  
Mrs. H. Allott (Appointed 3/10/60.)  
Miss M. Alston.  
Miss J. Andrew.  
Miss G. H. E. Archer.  
Miss E. M. Armistead (Appointed 7/11/60.)  
Miss K. Armstrong.  
Mrs. A. Ashley.  
Miss M. L. Ashley.  
Miss D. M. Ashton.  
\*Mrs. E. M. Ashton.  
Mrs. M. M. Ashworth.  
Miss I. Asquith.  
Miss E. Atkinson.  
Mrs. A. Bamber.  
Miss M. Barker.  
Miss O. Barrett.  
Miss E. W. Bates.  
Mrs. A. Beaumont.  
Miss N. Bennett.  
Mrs. N. M. Bessant.  
Miss E. Bibby.  
Miss H. M. E. Black.  
Miss M. M. Blackburn.  
Mrs. E. Bodley.  
Mrs. J. M. Botes.  
Miss H. Bowdell (Resigned 21/3/60.)  
Mrs. A. Boyes.  
Mrs. B. Bradshaw.  
Mrs. N. Brady.

Mrs. G. J. Bramhall (Appointed 11/7/60.)  
Miss M. S. Branch.  
Miss L. Brandwood.  
Mrs. E. Brennan.  
Miss B. Briggs.  
Mrs. A. Brooks.  
Miss A. M. Brunt.  
Mrs. B. Buckley (Appointed 15/2/60.)  
Mrs. M. Burr.  
Mrs. E. Burrows.  
Miss M. Bush.  
Miss M. Butler.  
Miss M. M. Byrne.  
Mrs. J. Caddick (Appointed 1/1/60.)  
Miss C. K. Campbell.  
Mrs. N. Carey (Appointed 24/6/60.)  
Mrs. M. Carter.  
Miss W. Chamberlain (Retired 21/5/60.)  
Miss V. S. Chamberlin.  
Mrs. D. Chapman (Retired 13/7/60.)  
Miss F. Charles.  
Mrs. E. W. Christian (Retired 13/7/60.)  
Miss M. Cleary.  
Miss A. A. Collinge.  
\*Mrs. M. T. Collins (Resigned 31/7/60.)  
Miss M. Conroy.  
Mrs. E. Cooke.  
Miss J. Cottier.  
Miss D. M. Creer (Appointed 1/1/60.)  
\*Mrs. D. Creighton.  
Miss D. C. Crook.  
\*Mrs. A. M. Crosbie.

- Mrs. N. Cunliffe.  
 \*Mrs. M. E. Dallas (Appointed 24/10/60.)  
 Miss E. Davidson.  
 Miss A. Davies.  
 Miss G. Davies.  
 Miss E. J. Davis (Appointed 20/4/60.)  
 Miss P. A. Davis.  
 \*Mrs. E. J. Dawber.  
 Miss E. Dearden.  
 Miss R. Deasey.  
 Miss M. Dent.  
 Miss K. Devlin.  
 Miss J. Dickinson.  
 Miss L. R. Dinsdale.  
 Miss E. Ditchfield.  
 Miss D. Dodding.  
 Mrs. B. Dodsworth.  
 Miss E. P. Downes (Appointed 30/5/60.)  
 Miss I. H. Downes.  
 Mrs. K. Duffy.  
 Miss A. Duggins.  
 Miss T. Dunscombe.  
 Miss J. Durose.  
 Mrs. M. Easterbrook.  
 Miss J. G. Edis.  
 Mrs. D. Evans (Resigned 30/11/60.)  
 Miss C. M. Edwards.  
 Mrs. E. J. Edwards.  
 Miss K. M. Enright.  
 Miss M. Entwistle.  
 Miss K. Eustace.  
 Mrs. D. Evans (Resigned 30/11/60.)  
 Miss. M. Evans.  
 Mrs. C. M. Farrell.  
 Miss U. M. V. Fee.  
 Miss E. B. Ferguson.  
 Miss A. W. M. Fido.  
 Miss M. A. Fisher.  
 Miss S. Fletcher (Appointed 18/1/60.)  
 Miss F. G. Fothergill.  
 Mrs. M. M. Foulkes.  
 Miss C. E. Fox.  
 Miss K. M. Fryer.  
 Mrs. E. Gallaher.  
 Miss M. E. Gardner.  
 Miss J. Gibbs.  
 Miss L. W. Gilbert.  
 Miss M. Gill.  
 Miss F. M. J. Gillen.  
 Mrs. J. Glover (Appointed 18/7/60.)  
 Miss E. Goodbrand.  
 Miss T. Gorton.  
 \*Miss D. E. Govan.  
 Miss M. Gowan.  
 Miss I. Graham.  
 Mrs. M. L. Grant-Townsend.  
 Miss G. E. Gray (Deceased 14/12/60.)  
 Mrs. D. Green (Appointed 3/10/60.)  
 Miss E. J. Green.  
 Miss M. Green.  
 Miss C. Greenhalgh.  
 Miss H. J. Grieve.  
 Mrs. E. I. Griffiths.  
 Miss D. Guest.  
 Miss E. Hall.  
 Miss M. B. Hall.  
 Mrs. M. Hanslip.  
 Miss E. M. Hanson.  
 Miss M. Hardacre (Appointed 25/4/60.)  
 Miss H. Hargreaves.  
 Mrs. M. Hargreaves.  
 Mrs. L. Harker (Appointed 14/11/60.)  
 Mrs. A. Harrison.  
 \*Mrs. M. Harrison.  
 Miss J. E. Hawkins.  
 Miss I. Haworth.  
 Mrs. K. Haydon (Resigned 31/1/60.)  
 Miss G. Heald.  
 Miss I. Heap.  
 Miss F. L. Hellam.  
 Miss W. Henry.  
 Mrs. M. Hewson.  
 Miss D. M. Hexter.  
 Miss D. Higham.  
 Miss M. Hindley.  
 Mrs. B. Hodgson.  
 Miss A. Holden (Appointed 18/7/60.)  
 Miss M. Holden.  
 Miss S. E. Holt.  
 Miss M. Hopkins.

Miss H. Horsfield.  
 Miss N. M. Houghton.  
 Miss A. C. Howard.  
 Mrs. J. Howard.  
 Mrs. L. Howarth.  
 \*Mrs. P. Howarth.  
 Miss M. Hoyle.  
 Miss E. Humphreys.  
 Miss L. Humphreys.  
 Mrs. B. Hunter.  
 Miss P. M. Iball (Appointed 18/1/60.)  
 Mrs. M. Ingram (Appointed 18/7/60.)  
 Miss A. Jackson.  
 Mrs. I. E. James.  
 Miss M. James.  
 Mrs. I. Jeffrey.  
 Miss G. E. M. Jeffries.  
 Miss M. H. Jenkinson.  
 Miss E. Johnson.  
 Miss K. M. Johnstone.  
 Mrs. E. Jones.  
 Mrs. E. J. Jones.  
 Miss F. N. L. Jones.  
 Miss H. M. Jones.  
 Miss K. M. Jones (Appointed 11/7/60.)  
 Mrs. W. Jones.  
 Mrs. H. Kay.  
 Mrs. M. Kendall.  
 Miss J. Kenyon.  
 Miss M. Kenyon.  
 Mrs. F. Kerr.  
 Miss P. M. Kidd (Appointed 1/1/60.)  
 Mrs. P. Kilgallen.  
 Miss G. M. Kirkham.  
 Miss G. K. Lamb.  
 Miss M. Lamb (Retired 22/4/60.).  
 Miss J. Latimer (Appointed 18/7/60.)  
 Miss M. W. Lawson.  
 Miss F. Lawton.  
 Miss A. P. Leddy (Appointed 2/5/60.)  
 Mrs. E. Lee.  
 Mrs. J. Lees.  
 Mrs. D. Lever.  
 Mrs. E. Lewis.  
 Miss J. P. T. Lewis.

Miss B. E. Littler.  
 Miss G. M. Lloyd.  
 Mrs. P. Lomas.  
 Mrs. E. Lomax.  
 Mrs. P. Lomax.  
 Miss E. Lumber.  
 Mrs. C. Lynch.  
 Miss H. M. McCaffrey.  
 Miss C. M. M'Cardell.  
 Miss M. McCormick.  
 Mrs. M. McCoy.  
 Miss S. McGahan.  
 Miss E. McLennand.  
 Miss D. E. McMullen.  
 Miss J. McMullen.  
 Mrs. I. M. McVittie.  
 Miss B. C. Madden.  
 Miss A. M. Makin.  
 Mrs. D. Maltman.  
 Miss K. L. Marsden.  
 Miss E. L. Marsland.  
 Mrs. C. Mason.  
 Miss M. E. Mason (Appointed 3/10/60.)  
 Miss J. C. Mawdsley  
 Mrs. E. C. Maxwell.  
 Miss M. A. May.  
 Miss A. Melia.  
 \*Mrs. L. M. R. Milne.  
 Miss L. Milner.  
 Mrs. N. Milnes.  
 Miss M. C. Monks (Appointed 18/7/60.)  
 Miss M. A. Moore.  
 Miss M. Morris.  
 Mrs. J. H. Moyes.  
 Miss M. B. Murray.  
 Miss S. Nicholls (Appointed 21/9/60.)  
 Miss F. Nightingale (Appointed 20/4/60.)  
 Miss J. Ogden.  
 Mrs. A. Oldfield.  
 Miss M. Openshaw.  
 Mrs. E. M. Opitz.  
 Miss E. W. Ormerod.  
 Mrs. C. F. Owen (Appointed 1/5/60.)  
 Mrs. E. Owen (Retired 31/10/60.)  
 Miss A. Painter.

Miss P. M. Parker.  
 Miss M. Parkington.  
 Miss V. Parkinson (Appointed 1/11/60.)  
 Miss J. Parrington.  
 Mrs. W. M. Partington (Appointed 4/1/60.)  
 Miss J. E. H. Paterson.  
 Miss M. E. Pearse.  
 Miss V. M. Picton (Appointed 4/7/60.)  
 Miss A. Perkins.  
 Miss D. Platt.  
 Miss N. Poole.  
 Miss E. Pope.  
 Mrs. M. B. Power.  
 Mrs. F. Pragnell.  
 Mrs. I. Prescott.  
 Mrs. E. N. Preston.  
 Miss P. Preston.  
 Miss I. Price (Resigned 31/8/60.)  
 Miss R. Pyatt (Resigned 31/1/60.)  
 Miss L. Raine (Retired 13/7/60.)  
 Miss M. I. Raw (Appointed 1/1/60.)  
 Miss K. M. Reddish.  
 Miss E. D. Redman.  
 Mrs. P. Redmond (Resigned 15/3/60.)  
 Miss J. Reid.  
 Miss R. A. Reilly.  
 Miss D. E. Rhodes.  
 Miss G. Richards.  
 Miss E. H. Rigby.  
 Mrs. P. Riley.  
 Miss V. Riley.  
 Mrs. G. J. Robinson (Retired 4/1/60.)  
 Mrs. L. Robinson.  
 Miss C. R. Ryan (Resigned 31/7/60.)  
 Miss M. H. Ryden.  
 Miss L. E. Sandler (Appointed 21/11/60.)  
 Mrs. B. S. Saul.  
 Miss E. L. Sayer.  
 Miss G. I. Scott.  
 Miss R. Shannon.  
 Miss F. Sharples.  
 Mrs. A. Shaw.  
 Mrs. H. Shaw.  
 Miss R. Shaw.  
 Miss J. Sheldon.

Mrs. A. Shiner (Resigned 30/6/60.)  
 Miss I. Silcock.  
 Miss M. Simmons.  
 Mrs. T. M. Simmons.  
 Miss C. M. Singleton (Appointed 11/7/60.)  
 Miss E. Singleton.  
 Mrs. J. L. Skinner.  
 Miss E. Slaney.  
 Miss Alice Smith.  
 Miss Annie Smith (Appointed 1/12/60.)  
 Mrs. A. Smith.  
 Mrs. D. Smith (Retired 30/9/60.)  
 Mrs. R. Smith.  
 Miss A. R. Snape.  
 Mrs. M. Somerville.  
 Mrs. M. J. Sorby.  
 Miss M. Spenceley.  
 Miss E. J. Stanley.  
 Mrs. G. M. Stead.  
 Mrs. I. Steggle.  
 Miss H. M. Swain.  
 Miss I. M. Swinscoe.  
 Miss M. M. Switzer.  
 Miss I. M. Szalonnas (Appointed 30/5/60.)  
 Mrs. A. L. Taylor.  
 Miss B. H. Taylor (Appointed 18/1/60.)  
 Mrs. A. Thomas.  
 Mrs. E. M. Thomas (Appointed 8/8/60.)  
 \*Miss D. T. Thompson.  
 Miss E. J. Thompson.  
 Miss J. Thompson.  
 Mrs. M. Thompson.  
 Miss N. Thornton.  
 Mrs. P. A. Thwaites (Resigned 16/7/60.)  
 Mrs. E. M. Tilburn.  
 Miss J. Tomkinson (Retired 28/4/60.)  
 Mrs. N. M. Torres.  
 Miss K. I. Truman (Retired 15/9/60.)  
 Miss W. Tyson.  
 Miss G. Waddicor.  
 Mrs. M. I. Walmesley.  
 Miss W. Walsh.  
 Miss A. Walton.  
 Miss E. Ward.  
 Mrs. D. G. M. Wardle.

Miss M. Wilkinson.  
Miss N. Wilkinson.  
Miss E. C. Williams.  
Miss G. Williams.  
Mrs. K. Williams.  
Mrs. J. Wilson.  
Miss M. Wilson.  
Miss L. M. Winder.  
Miss M. Winslow.  
Mrs. J. Wright.  
Miss A. Yates.  
Mrs. M. Youseff (Appointed 1/8/60.)

\* Part-time.

### School Nurses.

Miss A. Forrest.  
Mrs. M. T. Greenfield.  
Mrs. M. E. Hickie.  
Mrs. D. M. Hindle (Appointed 4/1/60 ;  
Resigned 31/8/60.)  
Mrs. J. Holden (Appointed 14/11/60.)  
Mrs. H. Holt (Resigned 16/1/60.)  
Mrs. E. Iddon.  
Mrs. D. Jolley (Appointed 4/1/60.)  
Mrs. A. C. McHugh (Appointed 11/1/60.)  
Mrs. A. E. McKay.  
Mrs. P. O'Donnell (Appointed 25/4/60.)  
Mrs. E. Roskilly (Resigned 10/9/60.)  
Mrs. M. M. Stanley.  
Miss E. A. White.  
Mrs. J. Wilcox (Appointed 1/4/60.)  
Miss A. Willman.  
Mrs. M. Woodhead.  
Mrs. A. G. Worthington (Appointed 7/11/60.)

**Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.**

MATRON : Miss C. M. Hayes.

HEAD TEACHER : Miss H. Brown.

**Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.**

MATRON : Miss G. Ethall.

HEAD TEACHER : Mr. E. G. Sharples.



**Keppleway Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.**

MATRON : Miss N. E. Dent.

HEAD TEACHER : Miss G. Abraham (Retired 31/8/60.)

Mrs. G. E. Cornwell (Appointed 1/9/60.)

**Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.**

MATRON : Miss J. Sharp.

HEAD TEACHER : Mr. D. W. Norton.

**Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.**

MATRON : Miss L. E. Cooper.

HEAD TEACHER : Mr. J. H. Fortescue.

**Brynbella Hostel for Maladjusted Boys, Rawtenstall.**

WARDEN : Mr. M. Such (Appointed 1/1/60.)





LANCASHIRE COUNTY COUNCIL

---

EDUCATION COMMITTEE

---

SCHOOL HEALTH SUB-COMMITTEE

---

FIFTY-SECOND ANNUAL REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER  
*For the Year ended 31st December, 1960.*

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*To the Chairman and Members of the Lancashire Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit the report on the School Health Service for the year 1960. The report contains details of the various branches of the service, including the work that is being done for handicapped pupils.

The total number of periodic inspections was 86,689. This is the highest number, by a comfortable margin, ever seen in one year, and nearly 33,000 parents attended the inspection of their children. The inspections showed that the general standard of health of school children in Lancashire has been well maintained.

The service has continued to expand and new premises have been opened. The special schools continue to do excellent work and there is adequate provision for handicapped pupils, with the exception of those who are maladjusted and to a much lesser degree, those who suffer from speech defects. There is a very considerable speech therapy service but the number of therapists has never quite reached the full establishment. It was confidently hoped that the supply of these specialists would, by this stage, have been sufficient to meet the needs but the number leaving the service has been considerably greater than expected. All our speech therapists are working to capacity and the parents, most of whom co-operate very well, are highly appreciative of the improvement in their children in the important matter of speech.

The difficulties in making proper provision for maladjusted pupils persist and are beyond the power of the Committee to remedy completely. The key person is the child psychiatrist and whether appointed independently or provided by a regional hospital board, suitable candidates to fill additional posts have in recent years been extremely hard to find.

The Committee, however, took one step which is likely to improve the position very considerably in future years with regard to child psychologists and psychiatric social workers, both essential members of the team working in a child guidance clinic. In each case the Committee approved a scheme of training involving the appointment to the staff of suitably qualified candidates before taking up their special training, and with sufficient financial inducement to make it worth while. Training under this scheme had already begun before the end of the year.

The Committee, with great regret, had finally to close the hostel for maladjusted boys as it was found impossible, in spite of prolonged efforts, to appoint suitable supporting staff to the warden. The intention is to set up a special school for these children as soon as it is possible to do so.

For the first time since Keppleway Special School opened there was a change in the head teacher as Miss G. Abraham retired after holding this post for nearly ten years. The staff worked very happily as a team throughout the period and we thank her for all she did to make the school a happy place for the girls.

The Committee will read with interest the report of Mr. T. Simm, senior educational psychologist, on the school psychological service in Huyton and Widnes. There has been very close contact with the schools in the area and remedial measures have been taken to help a large number of children with educational difficulties. Another important side of this service is in the prevention of maladjustment.

Health education has always been in the forefront of the School Health Service and the co-operation of the teachers is vital. A request from the Padgate Teachers' Training College, mentioned in the report, was therefore warmly welcomed and resulted in an exhibition of health education material of all kinds available from the health department for the use of teachers. It is felt that this is the best time to encourage the interest of students in health education and experience shows that many are anxious to follow this up in their school practice.

I desire once again to express to the members of the County Council the thanks of the department for their interest in this work. My thanks are due especially to the Education Committee, particularly the members of the School Health Sub-Committee, for their continued interest and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,  
*County Medical Officer of Health,  
and Principal School Medical Officer.*

School Health Department,  
East Cliff County Offices,  
November, 1961.  
(Telephone : Preston 4868)

### MEDICAL INSPECTION.

The table below shows the number of maintained schools in the County area on the 31st December, 1960, and the number of children on the roll :—

Type of School	No. of Schools	No. on Roll
Nursery ... ..	42	1,759
Primary ... ..	1,020	203,276
Secondary (Modern)... ..	191	92,694
(Grammar) ... ..	52	30,792
(Technical) ... ..	11	2,346
(Comprehensive) ... ..	4	4,741
Special (Day) ... ..	17	1,530
(Residential) ... ..	8	372
<b>TOTAL ... ..</b>	<b>1,345</b>	<b>337,510</b>

In addition, periodic medical inspection has been extended to 11 non-maintained schools, the number of pupils on roll being 6,084.

Inspection is carried out almost always in the schools and is of three kinds.

#### 1.—*Periodic.*

The Education Act lays down that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made on not less than three occasions at appropriate intervals during the period of school life, or they may be made at other times thought to be desirable. At present, in the County area periodic examinations take place on the first entry of an infant into a maintained school, at the age of 10, and during the last year at school.

The parents of all day pupils are given the opportunity of being present at the medical inspections and it will be seen from the following table that 32,727 parents were present at the inspections of 86,689 children. The total number inspected was some 17,000 more than in the previous year and was, in fact, easily the highest number ever inspected in the County area in one year. The presence of the parent greatly enhances the value of the medical inspection and every encouragement is given to the parents to consult the school medical officers, not only at the periodic medical inspections but also at the school clinics. There is wide appreciation by school medical officers of the value of the interest and co-operation shown by parents at these interviews.

#### 2.—*Special.*

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

#### 3.—*Re-inspection.*

This is for children who, at a previous inspection during the year, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1960 :—

Number of Schools in which Periodic Medical Inspection was completed ... ..	1,020
Number of Pupils examined :—	
“ Entrants ” ... ..	33,316
“ Second Age Group ” ... ..	32,908
“ Leavers ”... ..	20,465
<hr/>	
TOTAL ... ..	86,689
<hr/>	
Number of Special Inspections ... ..	37,204
Number of Re-inspections ... ..	28,388
Number of Parents present at Periodic Inspections ... ..	32,727
Number of Parents present at Special Inspections ... ..	14,866

#### PERIODIC MEDICAL INSPECTION.

Year	No. of Schools in which inspection was completed	No. of Pupils inspected
1960 ... ..	1,020 ... ..	86,689
1959 ... ..	877 ... ..	69,736
1958 ... ..	914 ... ..	70,972
1957 ... ..	996 ... ..	79,782
1956 ... ..	1,019 ... ..	80,769
1955 ... ..	1,004 ... ..	80,340
1954 ... ..	932 ... ..	79,798
1953 ... ..	865 ... ..	75,761
1952 ... ..	862 ... ..	71,328
1951 ... ..	846 ... ..	65,734

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Part I (Table B).\* Part II, Tables A and B\* give a detailed analysis of the defects found at periodic and special inspections.

#### *Physical Condition.*

Part I (Table A)\* shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—“ Satisfactory (99·11 per cent.) ” and “ Unsatisfactory (0·89 per cent.) ”.

#### *Uncleanliness.*

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies, not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools, but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been the most potent factor in reducing the incidence of uncleanliness. In 1960

\* For these tables please refer to Appendix.



4·3 per cent. of children on the school roll were found to be verminous, a slight increase on the figure of the previous year. This is far from satisfactory despite the time-consuming work of the school nurses entailed in dealing with the minority of families who are persistently verminous. There is no doubt that in most cases the school children are re-infested from other members of the family especially the mother or older sisters and unless the health visitor can gain the co-operation of all the members of the family the children can hardly be expected to remain free from pediculosis.

Though modern methods of treatment can be most effective when properly applied, progress in the elimination of infestation in the population is still slow.

Cleanliness inspections were carried out in the schools during the course of 13,922 visits by the school nurses, an average of 10·3 for each school for the year. At these visits 634,940 examinations were made and 14,801 children were found to be verminous. This was 951 more than in 1959. At these school visits the nurses also made 188,908 examinations of children in respect of conditions other than verminous infestation and in addition they paid 25,023 visits to homes where they saw parents and/or children on 31,349 occasions.

Comparative figures for the years since 1945 are shown below :—

Year					Percentage of Children verminous on School Roll	Year					Percentage of Children verminous on School Roll
1960	...	...	...	...	4·3	1952	...	...	...	...	5·8
1959	...	...	...	...	4·2	1951	...	...	...	...	6·3
1958	...	...	...	...	4·1	1950	...	...	...	...	6·7
1957	...	...	...	...	4·8	1949	...	...	...	...	7·0
1956	...	...	...	...	4·3	1948	...	...	...	...	6·6
1955	...	...	...	...	4·6	1947	...	...	...	...	7·5
1954	...	...	...	...	5·0	1946	...	...	...	...	8·7
1953	...	...	...	...	4·8	1945	...	...	...	...	10·2

#### PERCENTAGE OF CHILDREN VERMINOUS ON SCHOOL ROLL IN EDUCATION EXECUTIVE AREAS.

Education Executive Area	1960	1959	1958	1957	1956	Education Executive Area	1960	1959	1958	1957	1956
	%	%	%	%	%		%	%	%	%	%
1	2·84	1·94	1·08	2·82	1·86	8	5·24	7·87	5·16	5·60	5·49
2	1·83	1·62	2·05	1·62	2·36	9	4·11	3·38	3·46	4·71	6·58
3	2·17	1·30	2·01	3·43	1·92	10	2·01	3·52	2·71	2·44	1·65
4	1·01	0·85	1·18	1·42	1·46	11	1·50	1·18	2·49	1·58	2·00
5	2·22	2·60	4·46	5·20	3·02	12	3·39	2·93	4·58	4·58	4·61
6	3·77	2·80	2·79	2·74	2·56	13	4·98	6·51	5·58	7·11	7·86
7	4·77	4·33	5·18	3·46	2·27	14	6·63	6·68	8·35	7·04	9·29

Education Executive Area	1960	1959	1958	1957	1956	Education Executive Area	1960	1959	1958	1957	1956
15	7·65	4·16	3·71	3·93	3·90	21	0·81	1·59	0·72	0·89	0·95
16	8·70	6·21	5·40	10·73	8·11	22	1·96	4·17	2·89	5·10	3·81
17	4·14	3·78	3·52	3·03	3·86	23	3·74	3·76	4·21	3·46	5·45
18	4·38	8·01	5·84	5·36	4·88	24	4·17	4·28	6·25	4·23	5·53
19	2·20	3·00	3·27	2·45	2·02	Stretford Excepted District	1·73	2·91	2·19	2·34	1·86
20	9·23	5·62	6·29	9·26	5·98	Widnes Excepted District	6·27	7·25	7·47	9·49	6·52

This table shows once again the wide variation in different parts of the County though the extremes were not so marked as in some previous years. Some variation in the standards employed is partly responsible. This it seems is inevitable in any large body of school nurses. Some, for example, are inclined to disregard for record purposes the child from a good home and who is obviously well cared for, but who happens to have a few nits on one occasion. Other nurses, it is found, have difficulty in recording a child as infested if only one or two nits are present. Every effort is made to encourage the adoption of the same standards throughout the County, but in practice, as is often observed, it is very difficult to eliminate the personal factor.

There can be no doubt, however, that there is an actual difference in the infestation rate in different areas. The rate in rural areas is lower and it is quite clear from the figures given in the table that on the whole the highest rates are in the most thickly-populated areas, where there are the largest families. It is well known, of course, that in most areas there are a few families which are persistently verminous.

#### ARRANGEMENTS FOR MEDICAL TREATMENT.

##### School Clinic Premises.

During the twelve months under review four new clinics were built each of which combines facilities for both school health and maternity and child welfare services.

Two of these clinics are of the standard prefabricated timber design built within the Minor Works Programme and were erected at Crompton and Ramsbottom. They replaced rented premises.

The clinic built at Kirkham was a complete adaptation of a detached property, a former children's home. The building, which occupies a central position, replaces a temporary clinic.

The fourth clinic was built in the town centre of Kirkby, a town built to accommodate overspill population from Liverpool. This clinic is of major design built in traditional materials. The greater part of the building is single storey accommodating the medical services, but a second storey houses two dental surgeries, recovery room, dental workroom, dark room, toilets and a second special clinics



room. The clinic is one of a group of buildings erected by the County Council for different services. The other buildings consist of a divisional police headquarters, fire station, ambulance station and magistrates court.

### **Minor Ailments and Consultation.**

The treatment of minor ailments continues to be an important function of the clinic. There has been a fall in the number attending over the last few years consequent upon the availability of the family doctor for the treatment of these conditions through the provisions of the National Health Service Act. In 1959, however, there was an increase of five per cent. Attendances have since fallen again and in 1960 the number was very similar to that in 1958. Skin diseases, impetigo, scabies and ringworm form a large proportion of the cases treated though the incidence is very much less than it was a few years ago. Minor diseases of the ear, nose and throat are also treated in considerable numbers.

The clinics are, in addition, used for consultation between the parent and the school medical officer. As the school nurse is available these consultations can be of great value, perhaps most of all when the nurse is also the health visitor, as is usually the case. There are no better opportunities in the school health service, for education for health, than these consultations with individual parents and it can be said that the majority of school medical officers fully realise that time used in this way is well spent.

In six areas specialists attend for consultation in regard to certain ear, nose and throat conditions that may require treatment in hospital.

### **Defective Vision and Squint.**

Ophthalmic surgeons attend at 71 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing spectacles. The supply of spectacles is the function of the Local Executive Council under the National Health Service Act, 1946, and there is the closest co-operation between the two departments. 4.35 per cent. of children examined at periodic inspection were found to require spectacles.

#### *Orthoptic Treatment for Squint*

Orthoptic clinics were held at Eccles, Nelson and Waterloo. A total of 555 children attended for treatment and of these 51 were referred to hospital for operative treatment. Attendance is good and this is helped by the use of the appointments system. In some areas the practice has been continued whereby the orthoptist visits the children while in hospital, if this is necessary.

The function of the orthoptic clinic is, firstly, for diagnosis so that a full assessment of the condition can be made. Only in this way is it possible to decide upon an adequate course of treatment. Secondly, there is the supervision of orthoptic training, where this is the appropriate treatment, either in those cases where no operation is required, or after operative treatment. Age of onset, time elapsing between onset and the start of treatment and the co-operation of patient and parents are all factors bearing upon the suitability for treatment, and its success.

A considerable number of children under school age were brought forward, indicating that the need for early treatment is being more widely realised.

In all this work the co-operation of health visitors and school nurses is quite essential, particularly where younger children are concerned, and they do much to help parents to appreciate the value of early treatment.

The following table shows the work done during the year at the orthoptic clinics.

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Eccles ... ..	243	46	14	—	11	172
Nelson ... ..	22	12	4	—	—	6
Waterloo... ..	290	35	6	—	14	235
* TOTAL ... ..	555	93	24	—	25	413

### Chiropody.

The table below gives details of the Chiropody Services at the clinics where the sessions are held :—

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Accrington ... ..	57	39	7	1	2	8
Ashton-in-Makerfield ... ..	92	34	18	2	15	23
Ashton-under-Lyne ... ..	125	78	—	—	13	34
Bacup ... ..	219	176	5	—	4	34
Chadderton ... ..	240	197	2	—	2	39
Clitheroe... ..	23	19	2	—	1	1
Dalton-in-Furness ... ..	56	24	3	1	6	22
Darwen ... ..	159	145	3	—	4	7
Davyhulme ... ..	186	88	14	—	34	50
Denton ... ..	60	36	6	—	2	16
Droylsden ... ..	62	32	13	—	3	14
Earlestown ... ..	55	23	8	1	8	15
Eccles ... ..	248	160	15	12	18	43
Farnworth ... ..	153	139	—	—	—	14
Haslingden ... ..	25	12	—	—	—	13
Heywood ... ..	55	46	—	—	4	5
Hindley ... ..	57	22	5	1	11	18

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Horwich ... ..	62	26	—	1	19	16
Lancaster ... ..	83	50	6	10	7	10
Littleborough ... ..	49	36	—	—	5	8
Leigh ... ..	90	78	—	—	—	12
Lytham (Bath Street) ... ..	34	21	—	—	—	13
Morecambe ... ..	106	70	6	14	5	11
Nelson ... ..	150	133	2	—	—	15
Stretford ... ..	104	49	5	—	38	12
Swinton ... ..	388	252	27	25	27	57
Thornton Cleveleys ... ..	51	21	—	6	5	19
Westhoughton ... ..	11	4	2	—	1	4
Whitefield ... ..	130	118	—	—	2	10
TOTAL ... ..	3,130	2,128	149	74	236	543

The work of the chiropodists has two aspects which are closely related. There is in the first place the treatment of minor defects such as a mild degree of hallux valgus, verrucae pedis, corns and defects of nails, and of the lesser toes. All such conditions are still common and this emphasises the second aspect of their work which is educational.

Care in the management of footwear and in the hygiene of the feet are matters to which many parents should give a great deal more attention than they do at present. Children are too often left to look after their own feet, even to buying their own shoes and the feet may not receive even the most rudimentary care. Yet, as some of the chiropodists point out, the wearing of unsuitable footwear is not always the result of lack of interest on the part of the parent. While many parents who are keen and, indeed, who notice deviations from the normal at an early stage, receive an enthusiastic response from the younger children, they find, unfortunately, a different problem with the teenager. Fashion has so strong a pull that at least in this respect parental control is less effective. Chiropodists and many parents now feel that advice given personally by the chiropodist is more likely to be accepted. This is an important practical point and some of our chiropodists report that the teenager will respond to advice given by the chiropodist at the clinic and from no one else.

The preventive aspect of their work is again emphasised in the reports of a number of the chiropodists and mention is made of the appreciation which parents have expressed for the service. Chiropodists have given talks to groups of parents and literature has been distributed.

If the chiropodist is the most appropriate person to bring parents to realise their duty regarding their children's feet and to appreciate how much, in fact, they can do by the expenditure of a little time, then a chiropody service for children is worth while on these grounds alone.

The latest menace is the pointed Italian-style shoe that many boys of 14-16 years of age are wearing. This often results, as one chiropodist remarks, in a large corn on the fifth toe and an accompanying soft corn between the fourth and fifth toes.

The clinics are well supported but we do sometimes find that children with plantar warts requiring only straightforward treatment are referred to hospital rather than the clinic. If the school chiropodist is available to undertake the routine treatment reference to hospital should be reserved for special or resistant cases.

### Orthopaedic and Postural Defects

There are 32 after-care centres in the County area, usually attended monthly by an orthopaedic specialist and as a rule weekly by an orthopaedic nurse. Children are referred to these centres by the school medical officers for treatment under the supervision of the orthopaedic surgeon, either at hospital or at the clinic. Hospital treatment may be either short-stay or long-stay, facilities for education being provided in the latter case. A large number of children attend the clinics for remedial exercises, mainly for the correction of defects of posture. Others need continued supervision following hospital treatment and after they have returned to school.

The following is a summary of the work done during the year in the After-Care Centres :—

				Children Attending School		Pre-School Children
No. of individual children attended	...	...	...	4,572	...	2,098
Total number of attendances made	...	...	...	18,949	...	5,784
No. of children referred to consultant orthopaedic surgeon at hospitals	...	...	...	45	...	22
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital	...	...	...	72	...	15
No. of plasters made at centres	...	...	...	47	...	8
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres	...	...	...	372	...	148
No. of children given remedial exercises	...	...	...	2,881	...	1,053

Defects from which children were suffering :—

				Children Attending School		Pre-School Children
Paralysis—						
Infantile	...	...	...	33	...	4
Spastic	...	...	...	74	...	25
Other	...	...	...	13	...	2
Deformities—						
Congenital	...	...	...	416	...	250
Traumatic...	...	...	...	28	...	4
Others	...	...	...	1,182	...	691
Rickets ...	...	...	...	1	...	1
Infections	...	...	...	9	...	4
Tuberculosis	...	...	...	3	...	—
Tumours	...	...	...	—	...	—
Miscellaneous	...	...	...	687	...	295
				<hr/> 2,446	...	<hr/> 1,276
				<hr/>		<hr/>



### School Clinic Attendances.

The following table shows the number of sessions held and the number of attendances made at the 418 departments in 108 school clinic premises :—

ATTENDANCES					
		No. of Departments	No. of Sessions	Pupils in Attendance at School	Pre- School Children
Minor Ailments and Inspection	...	99	10,638	...	...
*Dental	... ..	92	19,556	...	...
Orthodontic	... ..	9	871	...	...
Ophthalmic	... ..	71	2,706	...	...
Orthoptic	... ..	3	481	...	...
Ear, Nose and Throat	... ..	6	126	...	...
Orthopaedic	... ..	32	2,383	...	...
Artificial Light	... ..	12	859	...	...
Speech Therapy	... ..	61	5,925	...	...
Chiropody	... ..	29	1,369	...	...
Child Guidance	... ..	3	524	...	...
Miscellaneous— Asthma	... ..	1	4	...	...
TOTAL	...	418	45,442	...	...
				369,057	22,408

\*In addition Nursing and Expectant Mothers made 8,541 attendances at the Dental Clinics during the year.





	NAME OF CLINIC	MINOR AILMENTS		DENTAL			ORTHO-DONTIC	OPHTHALMIC	
		(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
1	Accrington ... ..	2,520	395	2,076	48	46	.	736	34
2	Ashton-in-Makerfield ... ..	305	.	1,246	1	31	.	534	32
3	Ashton-under-Lyne (Richmond House) ... ..	.	.	.	.	.	.	.	.
4	Ashton-under-Lyne (Crickets Lane) ... ..	3,326	2	3,759	62	232	.	1,242	112
5	Aspull ... ..	166	.	.	.	.	.	.	.
6	Atherton ... ..	832	12	1,272	32	97	.	463	79
7	Audenshaw ... ..	812	4	1,492	71	.	.	346	30
8	Bacup ... ..	2,015	19	2,049	29	50	.	299	34
9	Bamber Bridge ... ..	201	10	1,252	67	50	.	402	7
10	Blackburn (Lord Street) ... ..	.	.	342	.	13	897	.	.
11	Bromley Cross ... ..	401	38	921	10	.	.	407	29
12	Carnforth ... ..	103	.	1,221	40	107	.	167	5
13	Chadderton (Central) ... ..	224	17	.	.	.	.	453	52
14	Chadderton (Eaves Lane) ... ..	20	.	2,006	33	75	.	.	.
15	Chorley (St. Thomas's Square) ... ..	22	.	.	.	.	.	.	.
16	Chorley (St. Thomas's Road) ... ..	1,504	.	4,500	78	86	.	1,339	61
17	Clitheroe ... ..	179	30	1,303	14	33	.	151	25
18	Colne ... ..	1,808	7	1,566	79	111	.	1,097	76
19	Crompton ... ..	484	.	982	6	45	.	146	3
20	Crosby (Alexandra Hall) ... ..	1,033	59	1,739	102	63	.	.	.
21	Crosby (Prince Street) ... ..	4,215	299	2,532	44	182	403	1,770	242
22	Crosby (Seaforth) ... ..	1,639	314	.	.	.	.	.	.
23	Dalton-in-Furness ... ..	703	29	1,988	59	216	.	170	42
24	Darwen ... ..	2,314	35	1,608	45	129	.	278	56
25	Davyhulme (Urmston) ... ..	688	7	949	97	34	.	321	20
26	Denton ... ..	1,368	14	1,034	20	21	.	.	.
27	Droylsden ... ..	1,808	55	2,782	114	255	.	361	36
28	Earlestown (Newton-le-Willows) ... ..	476	.	1,021	8	48	.	469	64
29	Eccles (Green Lane) ... ..	.	.	.	.	.	.	.	.
30	Eccles (Hyde Lodge) ... ..	1,659	16	1,840	51	.	.	644	69

(a) Pupils in Attendance at School ; (b) Pre-School Children ;

ORTHOPTIC		EAR, NOSE AND THROAT		ORTHOPAEDIC		ARTIFICIAL LIGHT		SPEECH THERAPY		CHIROPODY		CHILD GUIDANCE		
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
.	.	.	.	.	.	669	89	501	.	317	21	.	.	1
.	.	.	.	.	.	.	.	348	.	296	.	.	.	2
.	.	.	.	.	.	388	751	386	1	.	.	.	.	3
.	.	.	.	457	245	.	.	.	.	399	1	.	.	4
.	.	.	.	.	.	.	.	.	.	.	.	.	.	5
.	.	.	.	.	.	.	.	.	.	.	.	.	.	6
.	.	.	.	.	.	.	.	.	.	.	.	.	.	7
.	.	.	.	.	.	.	.	.	.	984	47	.	.	8
.	.	.	.	.	.	.	.	.	.	.	.	.	.	9
.	.	.	.	.	.	.	.	.	.	.	.	.	.	10
.	.	.	.	.	.	.	.	223	.	.	.	.	.	11
.	.	.	.	.	.	.	.	.	.	.	.	.	.	12
.	.	.	.	445	194	.	.	.	.	1,075	35	.	.	13
.	.	.	.	.	.	.	.	399	.	.	.	.	.	14
.	.	.	.	1,074	236	570	91	1,005	2	.	.	.	.	15
.	.	.	.	.	.	.	.	.	.	.	.	.	.	16
.	.	74	29	.	.	.	.	317	7	201	75	.	.	17
.	.	.	.	.	.	109	10	.	.	.	.	.	.	18
.	.	.	.	.	.	.	.	.	.	.	.	.	.	19
.	.	.	.	.	.	.	.	141	3	.	.	.	.	20
892	330	782	100	1,463	362	383	193	517	30	.	.	.	.	21
.	.	.	.	.	.	.	.	.	.	.	.	.	.	22
.	.	.	.	.	.	.	.	295	12	345	17	.	.	23
.	.	88	34	1,010	188	.	.	837	.	838	65	.	.	24
.	.	.	.	.	.	.	.	621	12	408	93	.	.	25
.	.	.	.	.	.	676	626	.	.	236	.	.	.	26
.	.	.	.	.	.	.	.	.	.	261	1	.	.	27
.	.	.	.	517	121	.	.	298	.	279	1	.	.	28
1,509	176	.	.	1,028	102	.	.	1,124	.	.	.	.	.	29
.	.	.	.	.	.	.	.	.	.	898	14	.	.	30

(c) Nursing and Expectant Mothers.

	NAME OF CLINIC						MINOR AILMENTS		DENTAL			ORTHO-DONTIC	OPHTHALMIC	
							(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
31	Failsworth	...	...	...	...	...	300	4	1,385	41	29	3,394	274	22
32	Farnworth	...	...	...	...	...	4,365	326	3,009	225	152	.	627	23
33	Fleetwood	...	...	...	...	...	312	.	1,892	29	125	.	290	27
34	Formby	...	...	...	...	...	331	67	.	.	.	.	.	.
35	Fulwood	...	...	...	...	...	16	5	.	.	.	.	302	73
36	Golborne	...	...	...	...	...	530	.	923	28	48	.	.	.
37	Great Harwood	...	...	...	...	...	.	.	1,785	18	28	.	.	.
38	Haslingden	...	...	...	...	...	715	12	1,526	1	45	.	395	98
39	Haydock	...	...	...	...	...	808	2	1,106	17	150	116	250	12
40	Heywood	...	...	...	...	...	802	22	2,370	45	532	.	480	79
41	Hindley	...	...	...	...	...	257	.	962	26	93	.	289	45
42	Horwich	...	...	...	...	...	490	32	1,612	76	39	.	505	36
43	Huyton (Derby Road)	...	...	...	...	...	1,769	15	3,623	201	490	.	415	15
44	Huyton (Fairclough Road)	...	...	...	...	...	.	.	.	.	.	.	.	.
45	Huyton (Twig Lane)	...	...	...	...	...	5,903	64	.	.	.	1,417	762	58
46	Ince	...	...	...	...	...	1,228	12	1,068	16	46	.	265	40
47	Irlam	...	...	...	...	...	291	.	824	54	34	.	.	.
48	Kearsley	...	...	...	...	...	630	70	813	26	25	.	278	15
49	Kirkby (Southdene)	...	...	...	...	...	9,196	413	2,381	69	371	.	836	61
50	Kirkby (Westvale)	...	...	...	...	...	8,229	25	1,479	9	376	.	636	86
51	Kirkham	...	...	...	...	...	205	4	2,049	52	132	.	.	.
52	Lancaster (Ashton Road)	...	...	...	...	...	1,073	.	4,621	107	16	.	426	14
53	Lancaster (Ryelands House)	...	...	...	...	...	715	10	.	.	.	.	.	.
54	Leigh	...	...	...	...	...	1,739	.	2,116	73	31	.	594	2
55	Leyland	...	...	...	...	...	240	2	2,220	21	39	.	484	96
56	Litherland (Sefton Avenue)	...	...	...	...	...	.	.	.	.	.	.	.	.
57	Litherland (Sefton Road)	...	...	...	...	...	828	1	1,958	13	561	156	381	26
58	Littleborough	...	...	...	...	...	442	.	458	.	52	.	223	16
59	Little Hulton (Worsley)	...	...	...	...	...	533	4	2,767	403	261	.	177	42
60	Little Lever	...	...	...	...	...	612	37	379	7	21	.	.	.

(a) Pupils in Attendance at School ; (b) Pre-School Children ;

ORTHOPTIC		EAR, NOSE AND THROAT		ORTHOPAEDIC		ARTIFICIAL LIGHT		SPEECH THERAPY		CHIROPODY		CHILD GUIDANCE		
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
.	.	.	.	.	.	.	.	193	4	.	.	.	.	31
.	.	.	.	.	.	.	.	.	.	992	14	.	.	32
.	.	.	.	547	186	.	.	833	43	.	.	.	.	33
.	.	.	.	.	.	.	.	324	38	.	.	.	.	34
.	.	.	.	.	.	.	.	.	.	.	.	.	.	35
.	.	.	.	229	31	.	.	242	.	.	.	.	.	36
.	.	.	.	.	.	.	.	294	.	.	.	.	.	37
.	.	.	.	.	.	506	256	.	.	116	.	.	.	38
.	.	.	.	404	154	.	.	189	.	.	.	.	.	39
.	.	.	.	387	191	.	.	373	.	147	9	.	.	40
.	.	.	.	.	.	.	.	383	19	385	.	.	.	41
.	.	.	.	332	9	.	.	436	13	469	1	.	.	42
.	.	.	.	.	.	.	.	.	.	.	.	.	.	43
.	.	.	.	.	.	.	.	1,209	6	.	.	2,295	.	44
.	.	102	4	.	.	.	.	.	.	.	.	.	.	45
.	.	.	.	.	.	.	.	309	33	.	.	.	.	46
.	.	.	.	239	30	.	.	.	.	.	.	.	.	47
.	.	.	.	101	12	.	.	500	2	.	.	.	.	48
.	.	.	.	.	.	.	.	1,257	97	.	.	.	.	49
.	.	.	.	316	170	.	.	1,736	39	.	.	.	.	50
.	.	.	.	.	.	.	.	484	38	.	.	.	.	51
.	.	.	.	766	192	.	.	.	.	498	3	.	.	52
.	.	.	.	.	.	.	.	962	3	.	.	.	.	53
.	.	.	.	.	.	.	.	784	16	561	.	.	.	54
.	.	.	.	194	47	233	21	.	.	.	.	.	.	55
.	.	.	.	1,426	348	.	.	378	19	.	.	.	.	56
.	.	.	.	.	.	.	.	.	.	.	.	.	.	57
.	.	.	.	.	.	.	.	385	8	162	1	.	.	58
.	.	.	.	.	.	.	.	276	46	.	.	.	.	59
.	.	.	.	.	.	.	.	.	.	.	.	.	.	60

(c) Nursing and Expectant Mothers.



	NAME OF CLINIC	MINOR AILMENTS		DENTAL			ORTHO-DONTIC	OPHTHALMIC	
		(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
61	Longridge ... ..	74	8	1,238	30	3	.	145	31
62	Lytham-St. -Annes (Bath Street) ... ..	34	24	624	8	1	.	.	.
63	Lytham St. Annes (Clifton Drive) ... ..	86	14	537	10	.	.	409	50
64	Maghull ... ..	226	5	1,311	20	85	192	.	.
65	Middleton (Durnford Street) ... ..	1,099	6	2,509	19	.	.	410	22
66	Middleton (Langley) ... ..	3,287	4	2,352	17	.	.	456	38
67	Milnrow ... ..	778	.	541	3	150	.	.	.
68	Morecambe (Euston Road) ... ..	1,018	.	2,040	48	23	.	219	6
69	Morecambe (Trumacar) ... ..	310	.	.	.	.	.	.	.
70	Mossley ... ..	1,411	3	693	26	42	.	313	.
71	Nelson (Carr Road) ... ..	995	65	.	.	.	.	311	48
72	Nelson (Manchester Road) ... ..	244	10	1,258	2	6	.	641	100
73	Ormskirk ... ..	1,057	95	1,067	3	114	.	.	.
74	Orrell ... ..	56	.	854	3	38	.	511	52
75	Oswaldtwistle ... ..	586	24	945	9	66	.	228	20
76	Padiham ... ..	690	8	1,499	.	.	.	323	28
77	Penwortham... ..	47	1	1,378	49	21	.	244	30
78	Poulton-le-Fylde ... ..	111	8	1,229	32	42	.	.	.
79	Prescot ... ..	1,517	23	2,006	120	517	.	243	11
80	Preston (Spring Bank) ... ..	.	.	899	.	5	793	.	.
81	Prestwich ... ..	381	11	.	.	.	.	469	76
82	Radcliffe ... ..	1,474	18	1,239	8	.	.	420	72
83	Rainford ... ..	31	5	262	12	15	.	.	.
84	Ramsbottom ... ..	494	25	955	44	54	.	341	40
85	Rawtenstall ... ..	677	19	1,969	78	299	.	362	102
86	Rishton ... ..	334	95	1,161	4	16	.	232	16
87	Royton ... ..	557	.	881	14	52	.	159	12
88	Standish ... ..	153	1	974	20	100	.	293	20
89	Stretford (Old Trafford) ... ..	1,168	14	1,581	116	134	.	421	119
90	Stretford (Mitford Street) ... ..	1,120	50	3,895	838	172	.	.	.

(a) Pupils in Attendance at School ; (b) Pre-School Children ;

ORTHOPTIC		EAR, NOSE AND THROAT		ORTHOPAEDIC		ARTIFICIAL LIGHT		SPEECH THERAPY		CHIROPODY		CHILD GUIDANCE		
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
.	.	.	.	.	.	.	.	.	.	.	.	.	.	61
.	.	.	.	899	129	.	.	119	15	113	6	.	.	62
.	.	.	.	.	.	.	.	511	22	.	.	.	.	63
.	.	.	.	.	.	.	.	357	35	.	.	.	.	64
.	.	.	.	799	388	156	70	343	2	.	.	.	.	65
.	.	.	.	.	.	.	.	212	.	.	.	.	.	66
.	.	.	.	.	.	.	.	.	.	.	.	.	.	67
.	.	.	.	1,164	222	.	.	700	28	566	6	.	.	68
.	.	.	.	.	.	.	.	.	.	.	.	.	.	69
.	.	.	.	.	.	131	360	.	.	.	.	.	.	70
.	.	.	.	590	267	.	.	824	6	907	4	.	.	71
1,403	212	.	.	.	.	.	.	.	.	.	.	.	.	72
.	.	.	.	577	218	.	.	361	5	.	.	.	.	73
.	.	.	.	.	.	.	.	565	3	.	.	.	.	74
.	.	.	.	.	.	.	.	.	.	.	.	.	.	75
.	.	.	.	.	.	.	.	138	.	.	.	.	.	76
.	.	.	.	469	154	.	.	.	.	.	.	.	.	77
.	.	.	.	.	.	.	.	83	2	.	.	.	.	78
.	.	.	.	363	191	.	.	485	27	.	.	.	.	79
.	.	.	.	.	.	.	.	996	12	.	.	124	.	80
.	.	.	.	.	.	.	.	.	.	.	.	.	.	81
.	.	.	.	.	.	.	.	.	.	.	.	.	.	82
.	.	.	.	.	.	.	.	.	.	.	.	.	.	83
.	.	.	.	.	.	.	.	78	.	.	.	.	.	84
.	.	.	.	443	237	402	266	847	.	.	.	.	.	85
.	.	.	.	548	144	.	.	.	.	.	.	.	.	86
.	.	.	.	.	.	.	.	227	.	.	.	.	.	87
.	.	.	.	.	.	.	.	389	96	.	.	.	.	88
.	.	160	9	461	371	.	.	302	64	439	62	.	.	89
.	.	.	.	.	.	.	.	652	4	.	.	.	.	90

(c) Nursing and Expectant Mothers.

	NAME OF CLINIC	MINOR AILMENTS		DENTAL			ORTHO-DONTIC	OPHTHALMIC	
		(a)	(b)	(a)	(b)	(a)	(a)	(b)	(c)
91	Stretford (Trafford Park) ... ..	152	.	.	.	.	.	.	.
92	Stretford (Lostock) ... ..	891	17	.	.	.	.	.	.
93	Swinton (Folly Lane) ... ..	.	.	497	2	11	.	.	.
94	Swinton (Victoria Park) ... ..	2,162	5	2,254	15	64	.	472	38
95	Thornton Cleveleys... ..	379	.	1,357	37	17	.	246	32
96	Tottington ... ..	308	20	.	.	.	.	.	.
97	Tyldesley ... ..	402	4	672	6	14	.	430	44
98	Ulverston ... ..	340	.	2,517	44	217	.	313	67
99	Up Holland ... ..	30	.	.	.	.	.	.	.
100	Walkden (Worsley) ... ..	454	6	627	14	21	.	180	39
101	Westhoughton ... ..	543	2	1,179	19	80	.	483	53
102	Whitefield ... ..	800	80	2,079	131	54	.	420	72
103	Whitworth ... ..	573	1	.	.	.	.	.	.
104	Widnes (Ditton) ... ..	1,345	56	.	.	.	.	.	.
105	Widnes (Kingsway)... ..	10,938	212	3,634	244	348	616	980	49
106	Widnes (Mill Brow) ... ..	1,475	63	.	.	.	.	.	.
107	Woolston-Padgate ... ..	741	.	937	17	140	.	.	.
108	Mobile Dental Unit ... ..	.	.	697	.	.	.	.	.
TOTAL ... ..		114,932	3,491	137,153	4,729	8,541	7,984	31,358	3,281

(a) Pupils in Attendance at School ; (b) Pre-School Children ;

ORTHOPTIC		EAR, NOSE AND THROAT		ORTHOPAEDIC		ARTIFICIAL LIGHT		SPEECH THERAPY		CHIROPODY		CHILD GUIDANCE		
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
.	.	.	.	.	.	.	.	.	.	.	.	.	.	91
.	.	.	.	.	.	.	.	.	.	.	.	.	.	92
.	.	.	.	.	.	.	.	.	.	.	.	.	.	93
.	.	205	12	548	118	474	1	866	23	1,186	9	.	.	94
.	.	.	.	.	.	.	.	567	55	190	14	.	.	95
.	.	.	.	.	.	.	.	508	.	.	.	.	.	96
.	.	.	.	305	135	.	.	.	.	.	.	.	.	97
.	.	.	.	333	98	.	.	456	.	.	.	.	.	98
.	.	.	.	.	.	.	.	.	.	.	.	.	.	99
.	.	.	.	.	.	.	.	746	62	.	.	.	.	100
.	.	.	.	.	.	.	.	.	.	54	.	.	.	101
.	.	.	.	515	294	.	.	521	.	518	15	335	.	102
.	.	.	.	.	.	.	.	276	17	.	.	.	.	103
.	.	.	.	.	.	.	.	.	.	.	.	.	.	104
.	.	.	.	.	.	.	.	1,452	.	.	.	.	.	105
.	.	.	.	.	.	.	.	.	.	.	.	.	.	106
.	.	.	.	.	.	.	.	.	.	.	.	.	.	107
.	.	.	.	.	.	.	.	.	.	.	.	.	.	108
3,804	718	1,411	188	18,949	5,784	4,697	2,734	32,140	969	13,840	514	2,754	.	

(c) Nursing and Expectant Mothers.

Dr. J. H. MacDonald Tilley, M.A., who has since left the service of this Authority presents the following report on an outbreak of infectious disease which occurred in his area :—

### INFECTIVE HEPATITIS AT GOLBORNE PAROCHIAL SCHOOL

This report concerns a small outbreak of infective hepatitis in Golborne Urban District, consisting almost entirely of girls at one mixed school (Golborne Parochial), although there was no great excess of girls in any one class at the school.

Pickles (1939), in his classical description of infective hepatitis in rural Yorkshire, does not give any figures showing that females are specially susceptible to this disease.

MacCallum et al. (1951) reprint tables for Denmark (1928–45) and Sweden (1931–7)—countries in which the disease was nationally notifiable—and also for their special area of study, the war-time Eastern Region of England, where all types of jaundice were made notifiable in November, 1943. Again there is no mention of differences between the attack rates for the two sexes ; for example, an excess of female cases in the Eastern Region “ was due almost entirely . . . to the absence of adult males on active service.”

The factors in the Lancashire school epidemic were analysed, and finally compared with figures quoted by MacCallum et al. (1951), which refer to large numbers of pupils and schools.

### THE EPIDEMIC

The Lancashire outbreak concerned a semi-urban community of 10,000 served by three primary schools, of which one, Golborne Parochial (hereafter styled “ School X ”), traditionally took its pupils from a well-localised area in the township.

After a period of freedom of six months or more the first three cases of infective hepatitis occurred in January, 1959. They were all pupils at school X. The epidemic came to an end in June ; no new cases were reported up to the beginning of 1960.

In all, 30 cases were notified by the school welfare officer, health visitors, and general practitioners—jaundice was voluntarily notifiable from May 22nd—or were discovered by me on the home visit made to each case. Of these, 29 were school-children, of whom 27 attended school X. Conversely, among the 87 household contacts of these 29 children, jaundice or suspicious symptoms occurred only once. Among the 86 contacts who escaped clinical infection were 23 of school age ; eight attended secondary schools and six primary schools other than X. Evidently this was a true school epidemic.

However, some of the 27 pupils of school X may have been infected by a sibling attending the same school—that is, when the second child fell ill 15 to 40 days after its sibling. In 13 households only one child per household was affected ; in another six households hepatitis attacked two children in each, the interval between the two illnesses being 0, 4, 15, 18, 29 and 95 days respectively. In the last household two children and the father fell sick, with an identical interval of 27 days between each of the siblings, and between the second sibling and father.

We have therefore the alternatives of 27 “ school ” cases, or 23 “ school ” cases, and four “ home ” cases.



**High Attack Rate in Females.**—The school numbered 123 girls and 107 boys, but jaundice attacked 21 girls and only two boys, a distribution which could arise by chance in only one out of 1,000 similar situations.

For comparison, an outbreak of mumps in October/November, 1959, involved 15 girls and eight boys, a distribution which I find could have arisen by chance once in three to five situations.

**Evolution of Epidemic.**—There was a three to four weeks' periodicity of number of cases against time.

**Relation to Vaccination against Poliomyelitis.**—Groups of children were given their first or second injection on December 15, 1958, April 13, 1959, or May 4, 1959. The last two sessions were held when the weekly report of the school welfare officer had shown no absences due to jaundice for at least six weeks. This was an inadequate precaution; absences must have been attributed to diagnoses based on pre-icteric symptoms. The records show that only seven of the 27 cases had received an injection within the previous six months, whereas for the whole school two out of every three pupils had received at least one injection by May 5, 1959.

The intervals between the injection(s) and onset of jaundice were 17, 19, 19 (40), 25, 51 (114), 88 (155)\* and 136 days respectively.

**Other Factors.**—Hepatitis was equally prevalent among those who ate school dinners (two boys and 12 girls) and those who lunched at home (one boy and 12 girls). No infestation by insects or rodents was discovered anywhere on the premises or meals centre.

No personal or household history suggesting hepatitis was obtained from any teacher, school-meal-service helper, or workman on the premises.

**Toilet Accommodation.**—The original toilets were of a trough type—namely, four places and one urinal for junior boys, and four places and one urinal for junior girls and infants. In May, 1958, these were demolished to make way for a new hall, the contractor substituting chemical closets—namely, three places for boys, and three places for girls. In late November, 1958, new water closets became available—namely, two places and one urinal for boys, and four places for girls. Finally, in early January, 1959, the chemical closets were removed. Thus there was only one short period—November, 1958, to January, 1959—when toilet accommodation was adequate, in quantity at least. In the summer and autumn of 1958 great disturbance of soil and subsoil took place as a result of this work and rebuilding. However, in a school where all classes were mixed it is unlikely that this factor would operate to produce a differential attack rate.

\* This child's sibling, who had not been injected, developed jaundice four days later. Thus at most four children developed jaundice 40 days or more after an injection.

## DISCUSSION.

### Exclusion of Transmission by Syringes.

An attempt to sterilise the hypodermic needle *in situ* on the syringe between injections, as described by Fleming and Ogilvie (1951), met with unexpected difficulties and was abandoned. The technique used for most injections is open to criticism. A 1-ml. syringe was used to give the injection, pressure being maintained on the plunger until the needle had been replaced by another sterile needle. The process was repeated until the phial of nine or ten doses was empty, when the syringe was resterilised.

There is argument concerning the existence of separate viruses typically causing infective hepatitis and homologous serum jaundice respectively. Parenteral injection of blood or serum from cases of infective hepatitis has been followed by jaundice at intervals of less than 40 days in some cases (MacCallum, 1955).

In this epidemic there was a three to four weeks' periodicity in the case incidence, and four at most of the cases developed jaundice later than 40 days after injection. Irrespective of any estimates of incubation period, only seven instead of an expected number of 18 cases followed an injection, and these were not gathered into an explosive outbreak.

Girls and boys were inoculated together in random order.

### Role of Bowel-to-mouth Transmission.

Inadequate or unhygienic closet accommodation causes most inconvenience to females ; males can be more fastidious. The most striking disparity should be obvious where :—

1. Toilets are separate for the sexes.
2. Infection is being spread through the infected toilet-seats, etc., and/or perfunctory handwashing.
3. The disease is not exceedingly infectious and is infectious only for a short time ; contact must be fairly close to spread the infection.

In spite of the multiplicity of conditions to be satisfied, this type of disparity has probably occurred elsewhere. For example Special Report Series of the Medical Research Council No. 273 gives figures for an outbreak in 1943 in the country town of Bungay. In a school population of 780, girls were more frequently attacked than boys, in a ratio which could have arisen by chance in only one out of 100 similar situations.

## PREVENTIVE MEASURES.

The following were applied :—

1. Supervision by teachers of children's hand-washing.
2. Maintenance of extreme cleanliness of the W.C. seats and chains, which were finally swabbed with an antiseptic.

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### THE SCHOOL HEALTH SERVICE AND OTHER HEALTH SERVICES.

In Lancashire the integration of the health services has always been regarded as a matter of first importance. With this end in view the medical staff, both at the central office and outside, undertake duties in connection with the National Health Service Act, the Public Health Acts, embracing the environmental services, and the National Assistance Act, in addition to the School Health Service. The County Medical Officer of Health is the Principal School Medical Officer and is also the Chief Welfare Officer.

Divisional medical officers are also divisional school medical officers for the whole of their areas. Since there are only 17 health divisions but 24 education divisions and two excepted districts, most of these medical officers have school health responsibilities in more than one education division but this does not give rise to any undue difficulty.

The following table shows the relationship in 1960 between Health and Education Divisions :

Health Division	Education Executive Area	
	Whole	Part
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14
5	7	5, 9
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	23	20
15	22	18
16	21, Stretford Ex. Dist.	—
17	24	—

Another important way by which the health services are integrated is through the employment of divisional medical officers or their assistants as medical officers of health of County Districts. There are 109 districts in the County area and in 90 of these medical officers on the staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but they have responsibilities also in the care of mothers and children of pre-school age.

The same principle applies to the nursing staff, the great majority of whom are both school nurses and health visitors. A number of nurses appointed for school work only, have subsequently taken the health visitors training course and have later joined the County staff as school nurses/health visitors.

There is nothing to indicate that any change would be desirable in the policy of the Education and Health Committees over the years, of appointing nurses to serve in both these capacities. The advantages are many, not merely in administration but more particularly to the children and their parents.

## **Health Education.**

This year there was no special campaign in the schools though many talks were given. Altogether there were 157 specially arranged talks in infants', junior and senior schools, including a few in grammar schools. These were given by school nurses mostly, and also by medical officers. The subjects covered a wide range including personal and general hygiene, safety in the home, care of the teeth, mothercraft and child care, the work of the health visitor, anatomy and first aid and good health.

Wherever possible the talks were supported by suitable visual aids, films, models and flannelgraph illustrations. These were supplied almost entirely from the health education section of the Health Department.

Time spent with school children is amongst the most rewarding in the whole field of health education, but, of course, due allowance has to be made in allocating staff duties. There is no doubt that this particular preventive service should receive an increasing priority when the claims of the staff time are being considered.

Two events arranged by the health education section should be mentioned. The first was at the request of the Padgate Teachers' Training College and took the form of a one-day exhibition of health education material suitable for use by school teachers and consisting of portable exhibits, flannelgraph units, posters, leaflets, details of the County health services, catalogues of posters, films, etc. The students showed great interest and many requests have followed from those who have taken up their teaching duties in various parts of the County. Teachers have a vital part to play in helping children to understand the meaning of health in its fullest sense and their co-operation in this field is most warmly welcomed.

The second event, at the request of the Chief Education Officer, was the provision, again through the health education section, of speakers at two courses for head teachers. One course, in Swinton, occupied the whole of one Saturday under the title, "Health Education in Secondary Schools." This dealt with the emotional reactions of children and the problems which confront teachers in handling them. The second course, consisting of two evening sessions in Accrington, dealt with the "Physical, Social and Emotional Development of the Teenager." Both courses provided ample opportunity for an interchange of ideas through frank discussion and were greatly appreciated by those present.

Another side of the work of the Health Department's health education section, involving teachers, was in connection with the campaign for education in mental health. A London psychiatrist met groups of people drawn from many different walks of life to discuss this question and among these were several groups of head teachers in different parts of the County. These informal discussions



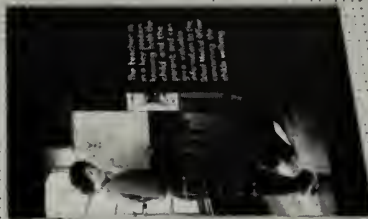
PERIODIC  
INSPECTION

SCHOOL

HEALTH

SERVICE

in 1959  
there were 1,336  
Maintained Schools  
in the Episcopal Church  
333,261 PUPILS



The teacher is  
not only a teacher  
but also a guide  
and a friend. He  
is the one who  
helps the child  
to learn and to  
grow.



For every child  
there is a teacher  
who can help him  
to learn and to  
grow.



For every child  
there is a teacher  
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grow.



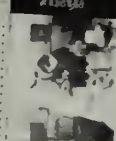
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PART OF AN EXHIBIT USED AT TEACHERS' TRAINING COLLEGE TO ILLUSTRATE THE WORK OF  
THE SCHOOL HEALTH SERVICE.





A SCHOOL HEALTH VISITOR USING FLANNELGRAPH TAKES OVER A CLASS FOR A LESSON ON PERSONAL HYGIENE.

provided a splendid opportunity for a better understanding of the problems and difficulties of teachers so many of whom are making a most valuable contribution in health education. It is significant that teachers are fully aware of the over-riding importance of the early years in a child's life in providing the kind of help and guidance that will bear fruit in later years in a life that is mentally, as well as physically, healthy.

In health education children are our most promising field and teachers through their day-to-day contact with them can do more than anyone else. Many teachers are doing excellent work, and the health staff will continue to assist them in every possible way.

### Infectious Diseases.

The following table shows the number of notifications of infectious diseases during the year 1960, among children aged 5-14 inclusive.

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1960.

Disease	AGE 5-14		Total
	M.	F.	
Scarlet Fever ... ..	594	682	1,276
Whooping Cough ... ..	514	625	1,139
Acute Poliomyelitis (Par.) ... ..	2	—	2
Acute Poliomyelitis (Non-Par.) ... ..	—	—	—
Measles (excluding Rubella) ... ..	4,352	4,226	8,578
Diphtheria ... ..	1	1	2
Dysentery ... ..	757	688	1,445
Meningococcal Infection ... ..	5	1	6
Acute Pneumonia ... ..	41	30	71
Smallpox ... ..	—	—	—
Acute Encephalitis (Infective) ... ..	1	3	4
Acute Encephalitis (Post Infective) ... ..	—	—	—
Enteric or Typhoid Fever ... ..	—	—	—
Paratyphoid Fevers ... ..	2	3	5
Erysipelas ... ..	1	1	2
Food Poisoning ... ..	36	28	64
Tuberculosis (Respiratory) ... ..	15	19	34
Tuberculosis (Meninges and C.N.S.) ... ..	3	1	4
Tuberculosis (Other) ... ..	9	6	15

### Immunisation against Diphtheria.

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus, whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at school clinics, child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1960,

the number of general practitioners who were taking part in the arrangements for immunisation was 1,092.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups in the Administrative County Area who completed a full course of primary immunisations or were given a reinforcement injection during 1960.

Antigen used	PRIMARY IMMUNISATION			REINFORCEMENT INJECTIONS		
	Age at date of final injection			Age group		
	Under 5 years	5-14 years inclusive	Total 0-14 years	Under 5 years	5-14 years inclusive	Total 0-14 years
Diphtheria only ... ..	1,037	4,817	5,854	1,372	28,923	30,295
Whooping cough only ... ..	147	35	182	14	40	54
Diphtheria and whooping cough (combined)...	2,774	148	2,922	182	907	1,089
Diphtheria, whooping cough and tetanus (combined) ... ..	24,808	1,247	26,055	2,373	4,235	6,608
Diphtheria and tetanus (combined) ... ..	171	419	590	615	3,224	3,839
Tetanus only ... ..	30	100	130	1	1	2

The table below shows the number of children under 15 years of age at the 31st December, 1960, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1946) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1960, as a percentage of the population in that age group, an immunity index is provided.

Age at 31st December, 1960, <i>i.e.</i> , born in year	Under 1 1960	1-4 1959-56	5-9 1955-51	10-14 1950-46	Under 15 Total
Last complete course of injections (whether primary or booster)—					
A.—1956-60 ... ..	11,494	95,153	90,998	59,913	257,558
B.—1955 or earlier ... ..	—	—	45,904	106,030	151,934
C.—Estimated mid-year child popu- lation ... ..	35,000	132,100	330,000		497,100
Immunity Index : $100 \frac{A}{C}$ ... ..	32.8	72.0	45.7		51.8

From the above, it will be seen that of a school population of 330,000, 302,845 or 91·77 per cent. had at some time completed a course of immunisation. Of these 150,911 or 45·73 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1960, and may, therefore, be regarded as possessing a high degree of immunity. The remaining 151,934 children between the ages of five and 15 years or 46·04 per cent. of the school population had at some time prior to 1956 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

#### Vaccination against Tuberculosis.

(a) Contacts.—Since 1949 B.C.G. vaccination of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the number of children between the ages of two and 15 years examined and tested for suitability for B.C.G. vaccination and the number actually vaccinated during 1960 :—

	Under five	5-14 inclusive	Total
Number of children tested for suitability for B.C.G. vaccination ... ..	550	1,120	1,670
Number of children vaccinated ... ..	407	671	1,084

(b) School children.—In 1954 the County Council's proposals were amended to provide for the B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays, who were shown as a result of tuberculin test to be suitable, and whose parents consented to the vaccination.

The following table summarises the results of B.C.G. vaccination programmes completed during the year :—

No. of Schools Completed	NUMBER OF PARENTS' CONSENT FORMS			NUMBER OF CHILDREN			
	Sent to Parents	Returned		Tuberculin Test Performed	Tuberculin Test Positive	Tuberculin Test Negative	Vaccinated with B.C.G.
		Refused	Consented				
230	21,445	4,627	15,525	14,592	2,573	11,668	11,468

#### Vaccination against Poliomyelitis.

In 1960 vaccination against poliomyelitis was offered to all children under 15 years of age (excluding infants under six months). During the year 32,859 children received primary vaccination, of whom 7,174 were of school age.



## HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are 10 categories, as follows :—

Blind	Physically Handicapped
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Speech Defects
Delicate	Educationally Sub-normal

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories continue their education at ordinary schools when suitable arrangements are made for them appropriate to their handicap.

A few years ago there were many severely handicapped children for whose education there was no provision. Now, with few exceptions, they are admitted to our own schools and severity of the handicap is no bar provided the child is thought to be educable, or, in some cases, worth a trial.

County children who are blind, partially sighted, deaf, partially deaf and maladjusted who need education in a special school are admitted to schools administered by other local education authorities or voluntary bodies. Those who are physically handicapped or epileptic and need special school education are mostly admitted to the Committee's schools and this applies also to the junior delicate children. The four itinerant teachers of the deaf form an important part of the facilities for the partially deaf. Provision for educationally sub-normal pupils is not the responsibility of the School Health Sub-Committee.

The following pages show the extent and the kind of facilities now provided for handicapped children by the Committee.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in the Appendix. It will be seen that the general position is satisfactory.

### *Home Education.*

There are some handicapped children who, during the waiting period for admission to residential schools, are provided with education in their own homes and occasionally this arrangement is also made in the light of other special circumstances. Unfortunately some parents, even of older children, are over-anxious that education should be received in this way, rather than through a special school. Though it has its place, home education is nearly always a second best. Children need the companionship of their fellows for their satisfactory emotional development and are happiest if they spend much of their time, whether at work or at play, with others of approximately the same age.

In some cases it is most difficult to find an appropriate home teacher.



## PARTIALLY DEAF PUPILS.

There are now four itinerant teachers of the deaf and they fill a most important place in the Committee's arrangements for dealing with those children who are handicapped by a defect of hearing. The defect of hearing in these children is not, of course, so severe as to necessitate their education in a special school for the deaf, where methods are used for children who have never acquired speech naturally. At the same time their defect may be quite sufficient to interfere appreciably with their educational development if some action is not taken to provide them with additional help. By using hearing aids and, perhaps, by attending a course of instruction in lip-reading, the majority of these children are able to continue their education at an ordinary school without detriment to their progress. Many of them would otherwise have to be admitted to a special school for the partially deaf and for a few seriously partially deaf children this is still the only satisfactory solution.

The teachers have always been concerned on the one hand with the assessment of the degree of deafness and on the other, with the setting up and supervision of lip-reading classes.

An attempt is made to test the hearing of all children at the age of eight years. This is now done using the comparatively rapid sweep test. In addition, children suspected of deafness are referred to these teachers by medical officers and others, for the accurate measurement of the extent of hearing loss. Hearing can often be restored by medical treatment but in those cases where it cannot, the itinerant teacher is in a position to help the child so that he is able to surmount this difficulty. The teacher is well placed to undertake this responsibility for not only has he a detailed knowledge of the child's hearing defect, he is also aware of the problems met by many in using a hearing aid, while as a teacher he can discuss the educational problems of individual children with their teachers and their parents. He recommends to the medical officer which children would benefit from lip-reading instruction and is able to set up these classes where they are most needed. Children normally attend once or twice a week for a term and sometimes for a second term.

With the appointment of the fourth teacher, Miss M. J. Hewitt, this work has been extended to the northern part of the County. She also attends, when necessary, the diagnostic clinic set up in Fulwood by the Health Committee for children under school age. Some of these children are visited in their own homes where advice and help are given to the parents in dealing with their deaf children. This is obviously a very useful link between the two services.

All four teachers took part in a pilot scheme which involved the screening, by sweep test, of some 1,346 five-year-old children. This showed quite clearly that the hearing of young children of this age could be successfully assessed by the sweep test. The results confirmed the work of others and the Committee have since decided that screening should be carried out at five years of age, instead of eight, as hitherto.

All the teachers have now been supplied with "Westrex" auditory trainers and have already found them to be of great value, particularly in the field of speech improvement.

The following extract is from the report of Miss M. J. Hewitt :—

"Eleven pre-school children received home teaching and though their ages and abilities varied considerably in all cases it was felt that they were ready for teaching, as distinct from training. They had previously been visited by the health visitors for training and parent guidance and/or attended the guidance sessions at the Fulwood clinic.

“ The work of the teacher is to continue training in the use of a hearing aid, lip-reading, speech production and improvement. In some cases it is possible to further prepare the children for admission to a school, either for the deaf, partially deaf, or ordinary school by teaching the beginnings of reading, number and writing. The close personal contact made with the child and its parents through this work encourages progress.

“ When a child is admitted to a ‘ hearing ’ school, supervision continues and contact with the school maintained so that the child is given every opportunity to make satisfactory progress and so that a change of school can be made without delay, should this be necessary.”

In his report, Mr. J. J. Finigan comments :—

“ An important facet of this work, which cannot strictly be termed lip-reading, is the need to ensure regular visits to the schools attended by those children receiving lip-reading tuition. Experience has shown that it is most important and helpful to all concerned if the teacher of partially deaf children can keep in close touch with heads of schools and the class teachers. In this way a much better check can be kept on progress or the lack of progress ; advice on the use of hearing aids, etc., can be given in person. In cases of doubt, e.g., where the question of a special school may arise, an early and accurate decision can be made.”

Mr. E. R. Wall has the following to say in his report :—

“ Training in the correct use of a hearing aid is in most cases now the most important aspect of rehabilitation of children with defective hearing within normal schools. Lip-reading is in only a minority of cases the most important means of communication. This does not imply that lip-reading is not necessary for other children, but where a hearing aid gives considerable restoration of hearing, it is very difficult to train the subject to become proficient in the art of lip-reading, simply because such children are relieved of the necessary practice. As an additional aid to defective hearing, lip-reading still has an important part to play. Training, to a point where natural attention to the speaker is obtained and those sounds not clearly heard, but are seen, is fairly easily and rapidly given. This, in conjunction with aided-hearing, provides a child with all that is required in the most natural and effective way. In addition, training in auditory discrimination and, where necessary, speech correction, can be given to advantage.

“ All these forms of assistance must be tailored to individual requirements.”

The table below shows the number of children with whom these teachers have been concerned during the course of the year.

Teacher of the Partially Deaf	Number of Children tested by Sweep Test	Number of Assessments including Pure-Tone Audiometric Tests	Number of Children who received Educational Assistance including Lip Reading
Mr. J. J. Finigan ... ..	11,284	1,732	47
Miss M. J. Hewitt ... ..	8,842	1,444	45
Miss H. G. Johnson ... ..	11,236	1,579	61
Mr. E. R. Wall ... ..	8,058	2,040	99
TOTAL ... ..	39,420	6,795	252

## DELICATE PUPILS.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes. Arrangements are also made when necessary for children to be admitted to various residential special schools administered by other local education authorities and voluntary bodies, and to convalescent homes for shorter periods.

### Broughton Tower.

The numbers attending in 1960 are given below :—

Resident in school on January 1st	...	...	...	...	34
Admitted during the year	...	...	...	...	63
Discharged during the year	...	...	...	...	68
Resident in school on December 31st	...	...	...	...	29

The following report has been received from Dr. H. Gordon Robinson, school medical officer in the area, who is in clinical charge of the children :—

### Admissions.

“ The following table gives details of the 63 children admitted in 1960, of whom 39 were boys and 24 were girls :—

Diagnosis					No. of Children		Per cent.
Asthma	...	...	...	...	25	...	39·7
Bronchitis	...	...	...	...	17	...	27·0
Bronchiectasis	...	...	...	...	6	...	9·5
Gen. Debility and Malnutrition	...	...	...	...	11	...	17·5
Metabolic Disorder (T.B. Contact)	...	...	...	...	1	}	6·3
Enuresis	...	...	...	...	1		
Rheumatoid Arthritis	...	...	...	...	1		
Migraine and Nervous Tics	...	...	...	...	1		

“ Two re-admissions are included in the table, both suffering from Bronchitis.

“ Fifty-nine children (93·7 per cent.) suffered from one of the four commonest conditions seen in children admitted to this school—viz. : Asthma, Bronchitis, Bronchiectasis and General Debility. The remaining four children suffered from the conditions shown in the table.

“ The average age on admission was 9 years compared with 8 years 3 months last year.

“ Length of stay varied from 3 months to 20 months, the average being 8½ months.

### Comparisons of Weights on Admission and Discharge of Children Discharged during 1960.

				1960		1959		1958
				%		%		%
Underweight on Admission	...	...	...	65	...	76	...	42
Underweight on discharge	...	...	...	38	...	35	...	20
Normal weight on admission	...	...	...	35	...	24	...	58
Normal weight on discharge	...	...	...	62	...	65	...	80

“ The high percentage of children admitted with below-average weight is once more apparent. About half of these have become normal for their age by the time they leave and most of the others have made appreciable gains.

“ This is illustrated in the next table.

Age in years on admission	Number of children	Average weight increase per month of normal children*	Average weight increase per month at Broughton Tower	Percentage increase above normal
6	11	5.7 oz.	13.7 oz.	140
7	12	6.6 oz.	13.6 oz.	106
8	22	6.7 oz.	20.5 oz.	196
9	8	8.8 oz.	19.5 oz.	122
10	10	8.0 oz.	29.1 oz.	264
11	7	12.3 oz.	32.3 oz.	163

\* From Holt's "Diseases of Infancy and Childhood."

#### Follow-up Reports after returning to day school.

“ An examination of each child is carried out 6 months after his discharge in order to determine how he has fared since his return home and to advise whether he is fit to remain in normal schooling or if he requires further rehabilitation.

“ This report is based on 61 replies received from Divisional Medical Officers and relates to children discharged between July, 1959 and May, 1960.

Improved	...	...	...	...	...	...	34	...	56%
Remained Stationary	...	...	...	...	...	...	18	...	29%
Deteriorated...	...	...	...	...	...	...	9	...	15%

“ Follow-up, six months after discharge, indicates that 85 per cent. of the children remained reasonably well and 83 per cent. are adjudged fit to remain at an ordinary school. Of the remainder, about half require placement in Special Day Schools while a few require hospital or convalescent treatment.

“ It is a pleasure to acknowledge the continued help and co-operation received from Dr. M. B. Morriss Consultant Paediatrician ; Mr. J. Magill, Consultant E.N.T. Surgeon ; the Dental Officer and Ophthalmologist of the County Staff, and Dr. W. G. Southern of Broughton-in-Furness who provides general practitioner services for the children and staff.

“ The staff of this school, headed by the Matron and Headmaster, has remained virtually unchanged for many years and it is a tribute to their excellent work that so many children are restored to health by a short stay at Broughton Tower.”



The following is a joint report on the children's out-of-school activities by the matron, Miss G. Ethall and the head teacher, Mr. E. G. Sharples :—

“As Broughton Tower essentially provides for children who stay for a comparatively short period, the beginning of every term calls for a special effort on the part of both house and teaching staffs and particularly from the children who remain, to help the new boys and girls settle quickly into their new surroundings. The leaders among the children change with every new intake and because of this there are opportunities for those who have been here some months to take over the responsibilities from the leaders who have been discharged. We feel sure that the social contacts which the children make here are of great value, as in many cases they come from homes and situations where they have tended, because of their physical disabilities, to lead sheltered lives. The freedom and activities which they share both in and out of school often gives a confidence which is frequently lacking when the children first come to us and it is the concern of the staff to encourage it in every way.

“One outstanding visit was to see the launching of H.M.S. Dreadnought, the atomic submarine, by Her Majesty Queen Elizabeth at the Barrow shipyard. Special facilities were generously provided by Vickers Armstrong and all the children and many of the staff were able to see the Queen and the launching at very close quarters from the grandstand.

“It was with great regret that the staff learned of the passing of Sir Robert Rankin, Bart., in October. A valued link with the school has been broken and we shall miss the visits of Sir Robert who took a lively interest in the progress and development of Broughton Tower, which he so generously gave to the County for its special purpose.

“At the end of the year we were sorry to say ‘Good-bye’ to ‘Uncle’ George Holliday who retired from his position of unofficial guide and counsellor to several hundred children who have come to Broughton Tower since the school opened.”

Miss M. Johnson, physiotherapist, reports that :—

“The physiotherapy treatment for 1960 was similar to that of previous years, consisting of special breathing exercises for children suffering from asthma and bronchitis. Children with bronchiectasis had, in addition to breathing exercises, postural drainage. The other children with debility and poor posture received individual postural exercises according to their need. Seventy-seven children were treated and 134 classes were held.”

#### DAY SPECIAL SCHOOLS.

The six day open-air schools for delicate pupils in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to do most valuable work. There is now in all accommodation for 609 children.

#### OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 61 children, most of them over the age of 11, to be admitted to nine residential schools under other education authorities and voluntary bodies ; 425 children received treatment for periods of one, two and three months at 13 convalescent homes, arrangements for admission being made as a rule through the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

## PHYSICALLY HANDICAPPED PUPILS.

There are three residential special schools for physically handicapped children, one for girls at Keppleway, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places is 112. The great majority suffer from crippling defects which are congenital in nature and in about half of these the cause is cerebral palsy.

### Bleasdale House.

The following report is from Dr. Simm, the school medical officer in clinical charge of the children :—

“ In all, the number of children who actually attended the school in 1960 was 48. There were 12 admissions and 13 discharges and on the 31st December, 1960 there were 37 boys on the roll. With regard to the discharges, 9 boys were transferred to Singleton Hall on attaining the age of 11 years, 2 were transferred to a day special school for educationally sub-normal pupils, their physical handicap being considered no longer sufficient to warrant a place in this special school for physically handicapped children. One boy was transferred to a special school for the deaf and a further child was considered fit enough to return to his home.

#### *Age on Admission of Pupils admitted during 1960.*

4 years	...	1	8 years	...	1
5 years	...	3	9 years	...	1
6 years	...	1	10 years	...	1
7 years	...	4			

“ The average age on admission was 7·3 years. Although this figure appears to be satisfactory it should be pointed out that 7 children were aged 7 years or over at the time of admission. As a number of children receive no schooling prior to admission and little in the way of regular therapy for their handicaps, the need for still earlier admission will be appreciated.

“ All the children from whose parents consent was obtained, were vaccinated against poliomyelitis, ‘booster’ doses being given in appropriate cases. Systematic immunisation against diphtheria was completed. The general health of the children throughout the year has been good and there has been no outbreak of infectious illness in the school in spite of the fact that influenza was rife in the adjacent area during November and December.

“ During 1960, 9 boys received hospital in-patient treatment (8 orthopaedic) and 12 received out-patient treatment (8 orthopaedic). Forty-one children received physiotherapy during the year and 19 boys received speech therapy. All boys received full dental examination during the year, treatment being given where necessary. Fifteen children attended the swimming baths in Lancaster as part of their therapy.



“ The following is a summary of the diagnoses of the 48 boys who attended the school :—

Pseudo hypertrophic muscular dystrophy ... ..	9
Cerebral Palsy ... ..	24
Poliomyelitis ... ..	2
Spina Bifida ... ..	3
Perthe's Disease ... ..	1
Hydrocephalus ... ..	2
Haemophilia ... ..	1
Bronchiectasis ... ..	1
Gargoyle ... ..	1
Marginal Central Nervous System Disorder ... ..	1
Renal Rickets ... ..	1
Pituitary Dwarf ... ..	1
Post-encephalitis ... ..	1

“ It will be noted that 50 per cent. of the pupils were suffering from cerebral palsy and approximately 20 per cent. from muscular dystrophy. The remaining cases cover a wide variety of physical handicaps.

“ Stress has been laid in past reports upon the multiplicity of handicaps in individual cases and the difficulties inherent in investigating, assessing and treating such cases. During the past year, whenever possible, the school medical officer, quite apart from the half day per week spent on routine matters, has devoted an additional half-day per week to this work. This additional work has served also to assist co-ordination and liaison with the orthopaedic consultant and the various therapists attending. Above all it has ensured a more personal and more comprehensive approach to these problems by permitting regular contact with the children in their work and at play.

“ It is, however, most unusual to find a case with a dual pathological process accounting for the one physical handicap and the following case may be of interest :—

“ The home conditions in this case were said to be good and there was no history of familial illness. The boy himself, apart from suffering from the usual childhood ailments, enjoyed quite good health and appeared normal in all respects until the age of 5 years when he developed poliomyelitis. Recovery was not complete, there being residual paresis of the right lower limb. About two years ago, because of increasing weakness of both legs and trunk, he was admitted to hospital for further investigations and a tentative diagnosis of pseudo hypertrophic muscular dystrophy was made. There is, in fact, little doubt that this boy is suffering from a dual pathology for, in addition to his flail leg, the result of poliomyelitis, he now has all the physical signs of a typical advanced case of pseudo hypertrophic muscular dystrophy.’

“ Whilst the position with regard to specific treatment of children suffering from muscular dystrophy remains practically unchanged, much has been and is being done internationally with regard to research into the cause of this group of diseases. As each year passes something new is discovered to help unravel the mystery which surrounds the exact cause. Concurrently the clinician is attempting to keep pace and, basing therapy on various rationales, is constantly

seeking not only to alleviate symptomatically the lot of these children but is also striving to unearth a specific. We are glad to feel that, with the permission of the parents, we are proceeding with clinical trials in liaison with a university teaching hospital and with the co-operation of a well-known pharmaceutical firm."

The following is a joint report by the matron, Miss C. M. Hayes, and the head teacher, Miss H. Brown :—

" This year has been one of uneventful calm following the changes and excitements of 1959, which included the occupation of the new school block. The children have benefited in every way from the now familiar journeys to and from school in all weathers, and have enjoyed the more settled conditions.

" From the additional accommodation available in the main building, an extra playroom has been provided which is in constant use during the weekends and winter evenings. It has been noticeable too, that the children are more appreciative of the gardens and grounds of the house now that they are away from them during much of the day. On light evenings and at week-ends out-of-doors they renew their interests and activities on the terrace and lawns and in the garden.

" There has been a preponderance of younger children and this has made it necessary to have two classes at infant level to avoid too large a group in the nursery. The four term year has again worked satisfactorily. This may have had some bearing on the good health of all the children, and in particular, on that of the youngest boys whose frequent contact with home is so essential for their well being.

" Of the many out-of-school activities several events have been of special interest because they provided new experiences for most of the boys. In March the older children were taken to see a performance of ' The Tempest ' by the South Westmorland Stage and Screen Society, and in May they were invited to the first public concert given by the children of the new secondary modern school in Carnforth. They were also present at a variety concert held in the village. On two occasions visitors have shown films to the children. Miss Smith, from Newfoundland, a nurse working with the Grenfell Mission, delighted everyone with her colour slides of Labrador.

" Once again the generous Blackpool Scouts and Cubs gave the children a wonderful day at the Circus. We cannot thank them sufficiently for their kindness to the boys. Another new and most enjoyable event was the Westmorland Cub Rally which was held in June at Sedgwick House. All the Cubs were able to take part in the Rally.

" Following on the success of the rail journey to Ravenglass some years ago, we took the children to Silecroft for the annual school excursion. August 10th was one of the few glorious days of the summer, making the day an outstanding success. There have been outings by coach to St. Annes, to Morecambe for the Illuminations, and two ' mystery ' tours on the Bank Holidays. The school vehicle has been used for visits to local beauty spots.

" During the last week of the Easter term we celebrated the school's 11th birthday and the first anniversary of the opening of the new school block. The children were hosts to matron and the house staff, and gave a percussion band concert in which the visitors joined. In the

summer term we held our third annual 'Bring and Buy' Sale, this time on behalf of the Cubs' new hut. The parents were most co-operative. Another happy 'family' event was held on the 5th November, which coincided with visiting day. The parents, especially the fathers, enjoyed letting off the fireworks as much, if not more than their children.

"This year instead of having a Christmas concert in the main building, we were 'At Home' in the classrooms. Again the children were hosts and after showing their visitors round the school, they gave samples from the term's work of singing and singing games, music and movement."

The speech therapist, Miss A. E. M. Paull, reports as follows :—

"The number of children with speech defects seems, here, to be ever-increasing. There are now 19 boys—almost half the school—receiving speech therapy. Of these, 14 suffer from cerebral palsy with dysarthria. It has been found suitable to take, in a group, up to four of the boys whose speech defects are slight, whilst the other more severely speech-handicapped boys are given individual attention. They sometimes enjoy a recording session together and like to listen to each other's attempts on the records."

#### **Keppleway.**

The following is a joint report by the matron, Miss N. Dent, and the head teacher, Mrs. G. E. Cornwell :—

"During the year the establishment of housemothers was increased to enable the physio-therapist to have at all times the assistance of a housemother to help in carrying out the treatment which the severely handicapped children need so much.

"The girls, in characteristic youthful fashion, soon adjusted themselves to the change and continued to make steady progress in all aspects of school work. With 36 children on roll, organisation continued in three groups. Admissions for the year numbered six and discharges eight. The three groups comprised a combined nursery and infant group of 11 children with an age range 5–9 years, a middle group of 12 children with ages from 9–13 years, many mentally handicapped, and lastly a top group of 13 which included the older, brighter children and some 15 year olds who were mentally handicapped.

"The new admissions tend to be 5–6 year olds and this is a great help in arranging classes. The inauguration of a scheme whereby all those primarily concerned interview the child and its parents to decide on suitability for admission, has proved beneficial.

"Again we have tried to make the programme of school work as varied and interesting as possible. Emphasis is laid on the basic skills, art craft, needlework and music continued to afford much satisfaction even to the most handicapped. This is especially true of the cookery lessons, even for girls who can hardly hold a spoon to stir. Ten girls attended cookery every Friday in two groups of five and from it they gained supreme satisfaction

“ On return to school after Easter, we occupied the new classroom and physiotherapy room. It was the privilege of the older girls to move into the new quarters. Physiotherapy was the most popular interruption for many weeks to come owing to the novelty of a bright and spacious room.

“ The Girl Guides continue to meet each Friday. On ‘ Thinking Day ’ a celebration supper was provided for them by the matron. We had our customary “ Open Visiting Day ” in August when parents and friends visited the School and were able to inspect the children’s books and the craftwork done. The Rotary Club of Barrow-in-Furness took the children on the annual outing to Windermere in July but alas, for the first time, the weather did not favour us. However a happy day was spent. Film Shows were presented by the Ulverston R.A.F. Association and other friends, these being much appreciated by the children.

“ During the last term of the year much energy and enthusiasm was put into the rehearsals for the Christmas Play. The children helped with the costumes and scenery. A new venture was tried in the form of Chime Bar Playing.”

Miss M. Johnson, physiotherapist, reports as follows :—

“ The physiotherapy treatment at Kepplewray continues as in previous years, varying with the type of case. On the whole all the children made steady progress.

“ In addition to the usual physiotherapy, nine children received ultra violet ray treatment, all of whom benefited, particularly the spina bifida cases with trophic sores.

“ The completion of the building of the new physiotherapy room makes it now possible to widen the field of physiotherapy, as group treatment can be given.”

The following is a summary of the diagnoses of the 44 girls at the school during the year 1960 :—

Cerebral palsy	...	...	...	...	27
Spina bifida-paraplegia	...	...	...	...	1
Spina bifida ...	...	...	...	...	4
Infantile paralysis	...	...	...	...	4
Fragilitas ossium	...	...	...	...	1
Congenital heart disease	...	...	...	...	1
Congenital osteogenesis imperfecta	...	...	...	...	1
Mitral stenosis	...	...	...	...	1
Tuberculosis of the dorsal spine	...	...	...	...	1
Meningo myelocoele with paraplegia	...	...	...	...	1
Amyotonia congenita	...	...	...	...	1
Hydrocephalus	...	...	...	...	1
					—
TOTAL	...	...	...	...	44
					==



The speech therapist, Miss A. E. M. Paull, reports as follows :—

“ During the year ten children at this school received speech therapy—of these eight were cases of cerebral palsy with dysarthric speech, one was a case of deafness with defective articulation and one girl had dyslalic speech which was unrelated to her physical complaint.

“ The greater number of the present cases are in the younger age group—four of them are so severely speech handicapped as to be unintelligible and thus present a great challenge to the therapist. In these cases consultation with the physiotherapist has been of great help in treatment.”

### **Singleton Hall.**

The following is a report on out of school activities by the matron, Miss L. E. Cooper :—

“ Many of the out of school activities have now become annual events but are nevertheless greatly appreciated and enjoyed. The Lytham Rotarians arranged a visit to the Blackpool Tower Circus followed by tea. A visit to the Circus is a big undertaking with so many severely handicapped boys and we are grateful for the help of the Tower employees who give such willing aid to the boys on these occasions.

“ Our own outings to the beach, etc., were somewhat curtailed during the summer as we were without our old estate car. We all gave a great welcome to the new van which arrived later in the year.

“ The Poulton and Isle of Man Round Tablers again arranged for the boys to have another lovely day in the Isle of Man. The sea was kind to us and we all enjoyed the sail and the time spent on the island.

“ The Round Tablers are also responsible for the senior boys' visit to the airport. As this trip includes a flight, it is very popular as well as an instructive outing. The Isle of Man journey is too much for the muscular dystrophy boys so that through the kindness of Mrs. Whewell, the Parents' Fellowship and other friends, we were able to arrange a very happy day to Belle Vue for these boys. As most of them live in the Manchester area their parents were able to join the party.

“ The ladies of the Licensed Victuallers' Association gave the boys a beautiful stereophonic radiogram together with some records. Other gifts during the year included a large electric railway, two good reconditioned typewriters from the Fleetwood Round Table for Miss Parkinson's Thursday evening typing class. Easter eggs, giant and normal size, came from Messrs. Woolworths of Thornton and Fleetwood and also many gifts at Christmas time. Although Weeton Camp is now much reduced in size the Sergeants' Mess still sent a monetary gift to the boys and a lovely Christmas cake.

“ The Parents' Fellowship arranged our Open Day in July. We were delighted to renew acquaintance with so many old boys and parents. Hard work by staff and parents brought another £100 for the Parents' Fellowship Fund. Amongst other things this fund keeps the boys well supplied with games and keeps in good order the television, wireless sets and radio-grames given by friends.



"The Poulton Round Tablers are making great efforts to purchase and convert a bus for our use so that all the boys can easily be taken out together. We are extremely grateful to them and to all other friends who do so much to provide so many 'extras' and so bring colour into the life of the boys.

"The Scout Troop had the good fortune to have a representative at the St. George's Day Queen's Scout Parade at Windsor. Troop Leader Alan Mosey had the honour of meeting and speaking with the Queen and Prince Philip. We were able to watch the proceedings on television. This is the second time our Scout Troop has had this honour and photographs in the boys dining room will bring these occasions to mind in future years."

The following report on the educational side has been provided by the head teacher, Mr. J. H. Fortescue :—

"During the year the average number on the roll has been thirty-six. Ten boys were admitted, eight of them from Bleasdale House and two from ordinary schools. Of the seven boys who were discharged, two went for further training to the Portland Training College for the Disabled, one obtained work in his home town and four went home with little likelihood of being able to work at all.

"Though the average intelligence of the boys is still low, the age range has not been so wide. One difficulty of having so many younger boys, and therefore few discharges, will be that in 1961 Bleasdale House School will probably have to keep boys a little longer before being transferred to Singleton Hall. However, it does simplify the work here as we can plan ahead more.

"The general work of the school has gone ahead quite satisfactorily. In addition, we have continued to listen to the B.B.C. educational broadcasts and to watch selected educational programmes on the B.B.C. television. They are very interesting and educational, particularly the latter, and have given the boys a wider understanding of the outside world. The craftwork has been varied including such things as lino-printing, feltwork, basketry, balsa-wood modelling and gardening. Considering the greater degree of physical handicaps among the boys, some very good results have been obtained. We are anxiously waiting for the day when the new electric cable will be installed so that our pottery class can start. The room is ready and the electric kiln is installed. The latter is a gift from an anonymous donor and has been passed on to us through the kindness of our old friends of the Lytham Rotary Club.

"Two outings during school time are worth noting. On one occasion eight of the more seriously handicapped boys went with one teacher and the scoutmaster on a scouting expedition by the river Wyre. They enjoyed their day out, particularly the burnt offerings they prepared for their meal. On another occasion, fourteen boys visited the Marine Hall, Fleetwood with other schools to hear an orchestral concert given by the Royal Liverpool Philharmonic Orchestra.

"Great excitement and a certain anxiety prevailed towards the end of the Christmas term, the boys prepared for the annual Christmas show. They had made and painted backcloths and scenery, printed and painted programmes and the actors had learnt their parts for a production of a potted version of 'Aladdin' written by Mr. Brown. It was a great success and was acted, as last year's pantomime was, at the Christmas party and also on the following afternoon for the benefit of the parents of the boys."

The following is a summary of the diagnoses of the 43 boys at the school during 1960 :—

Cerebral palsy	...	...	...	...	...	17
Lumbar spinal meningocele	...	...	...	...	...	1
Spina bifida	...	...	...	...	...	2
Extreme bilateral bronchiectasis	...	...	...	...	...	1
Infantile paralysis	...	...	...	...	...	5
Haemophilia	...	...	...	...	...	2
Electrical burns, hands and forearms	...	...	...	...	...	1
Fragilitas ossium	...	...	...	...	...	1
Amyotonia congenita	...	...	...	...	...	1
Muscular dystrophy	...	...	...	...	...	10
Hydrocephalus	...	...	...	...	...	1
Congenital shortening of tendons and ham-string muscles	...	...	...	...	...	1
TOTAL						43

The speech therapist, Miss A. E. M. Paull, reports as follows :—

“ Nine boys resident at this school received speech therapy during the year ; eight were cases of cerebral palsy with dysarthric speech and one had muscular dystrophy with slight dyslalic speech.

“ Whilst every effort is made to help these boys to acquire and maintain intelligible speech, of the three boys who became of school leaving age during the year, only one could be described as a fluent speaker. With the other two, speech appeared to be such a physical effort that they avoided vocal communication when possible.

“ It is accepted that most patients with cerebral palsy gradually become more spastic as they grow older, and with some their speech musculature is so involved that fluent speech is a goal they are unable to achieve. They have probably had therapy for several years but lack the treatment at a very early age that most young cerebral palsied children now receive.”

## EPILEPTIC PUPILS.

Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school.

### Sedgwick House.

Sedgwick House caters for almost all epileptic children in the County who are in need of residential special educational provision. In addition a limited number of places have been made available to outside authorities and during the year 19 places were occupied by such pupils who attended from as far afield as Durham, Staffordshire and the East Riding of Yorkshire.

Dr. F. Simm, the school medical officer in clinical charge of the children, reports as follows :—

“ The total number of children who actually attended the school during the year was 63. In general it can be said that the school is running to capacity, within the region of 50 children being in attendance at any one time. Although every effort is made to deal in rotation with children on the waiting list, consideration must be given to the urgency of the individual case. Again, as the school caters for the full age range of children of both sexes up to the age of 16 years, account must also be taken of accommodation available at the time, both in regard to class work and dormitory accommodation.

“ It should be noted that though the age of the youngest new pupils was only six, 73 per cent. of the children were aged nine years and over at the time of their admission. It is again stressed, for reasons given in last year's report, that every effort should be made to ensure admission at as early an age as possible.

“ Twenty were discharged during the year and of these three children attained school-leaving age, one child died and two children were withdrawn by their parents. Three of the children had to be found alternative accommodation as their behaviour difficulties were so pronounced that it was not possible to cater for them in the school. In addition, 11 children had been successfully ‘ controlled ’ by treatment for a sufficient period of time to enable a recommendation to be made at the end of the year that they should be discharged.

“ In the 1955 report, full details were given with regard to the principles of general treatment of epilepsy within the school. More specific treatment directed towards rendering the patient free from seizures and returning him to normal life can be summarised as follows.

1. Removal of factors which may be initiating seizures. Many of these are psychological.
2. Careful planning of provision for a healthy physical and mental regimen.
3. The administration of anti-convulsant therapy under very close medical supervision.

“ It is important to realise that epilepsy is not a self-contained illness and that it is only a symptom which reflects disturbance of brain function. Reports for recent years have described cases of an unusual nature. We must, however, not lose sight of the true picture with regard to the type of epilepsy as seen in the majority of cases and the usual mode of outcome, which, in general, falls into one of three fairly well defined groups which are summarised later in this report.

“ In some cases where there is a successful outcome, the response to treatment is quite specific and dramatic. Such cases may be in attendance at the school for between 1–2 years. In general, discharge from the school is only considered when the seizures have been completely controlled for a minimum of six months.

“ On the other hand there are a few children whose response to treatment is not good and who, in general, remain at Sedgwick House until attaining school leaving age.

“ In such cases, apart from difficulties with regard to toxic effects of therapy, there may be, for example, the added difficulty, because of the child's low intelligence, of being unable to obtain his full co-operation with treatment. Even in this type of case, however, as a result of the intensive research into the treatment of epilepsy, there is always the possibility that more effective methods of treatment will be discovered.

"Continued use was made of the facilities for electro-encephalographic investigation at Whittingham Hospital and of the services of the Department of Pathology at Westmorland County Hospital. Appreciation is again expressed to the staff for their willing co-operation at all times.

"In addition to specific treatment of epilepsy and to the treatment of defects found at periodic and special examinations, approximately 200 miscellaneous minor ailments received attention. During October there were three cases of influenza and there was an outbreak of mumps, six children in all being affected. Illnesses of a more serious nature included three episodes of status epilepticus occurring in one child, one case of pneumonia, one of infective hepatitis and two fractured arms.

"The general health of the children, on the whole, has been satisfactory and in this respect considerable credit is due to the nursing and house staff for their skill and devoted attention to the children throughout the year.

"Immunisation against diphtheria and vaccination against poliomyelitis have continued during the year, booster doses being given where necessary.

"The following table relates to children who attended Sedgwick House at any time during 1960. In compiling this table the patient's previous record of incidence and severity of seizures was used as a control.

*Effect of Treatment on Epileptic Children attending Sedgwick House during 1960.*

Type of Seizures	Controlled (i.e. no seizures occurred during 1960)	Much Improved	Improved	No Change	Worse	Total
Grand Mal... ..	5	—	—	—	—	5
Minor ... ..	4	—	1	6	2	13
Mixed Grand Mal and Minor, etc. ... ..	5	4	9	24	3	45
TOTAL ... ..	14	4	10	30	5	63
	22.2%	6.3%	15.9%	47.7%	7.9%	

"As shown by the above table response to treatment has again been very encouraging. In all just over 44 per cent. of the children have improved during the year and approximately 22 per cent. have had their seizures completely controlled by treatment.

"With regard to the children in whom 'no change' has been reported; it should be stressed that many are stabilised by treatment and have very few seizures.



"In one boy, for example, prior to admission to Sedgwick House the seizures were said to be mainly major in type with occasional minor seizures. Following admission the boy had between 70 and 200 minor motor type seizures a week. Within about nine months he was much more stabilised, the incidence had diminished and then averaged between 0-10 minor type seizures a week. The marked improvement was maintained and in fact during the past year or so he has only had between 1-5 minor type seizures a week and many of these have been nocturnal.

"It is felt in this type of case, that consideration should be given to discharge and return to an ordinary school, even though complete control has not been achieved.

"The suggested criteria for discharge in this type of case would be first, that improvement had been obtained since admission, to the extent that seizures are not interfering with the child's education at school ; second, that it had become apparent that further progress seems unlikely. Such a measure ensures greater opportunity of this type of treatment for the maximum number of children. Unfortunately, it still appears that the label 'epileptic' sometimes creates a barrier to re-entry into an ordinary school. It is only with the co-operation of teachers and by the education of the public that this prejudice will be fully overcome.

"In conclusion, it is contended that it is our duty in such cases, having assured ourselves that all that is possible in the way of medical treatment has been accomplished, to ensure, whilst at the same time making educational provision, that the child is given every opportunity of taking his place again as a full and active member of society."

The following is a joint report by the matron, Miss J. Sharp, and the head teacher, Mr. D. W. Norton :—

"The school, in general, maintained a steady course throughout the year.

"There was an influx of 15 children and 20 children were discharged. Of these latter, 11 were able to proceed to ordinary schools which is held to be a satisfactory omen for their future, as the employability of those children who need to remain until the age of 16 is often doubtful and further training facilities are restricted.

"Of the four children who left on reaching the age of 16, one girl was able to continue her education and treatment by being accepted for a vocational course in shorthand and typing at the Lingfield School. The three boys found some difficulty in acquiring immediate employment in competition with leavers not so handicapped. This is a problem which needs to be faced as sheltered employment is in short supply.

"Of the 15 children admitted some were of higher mental capacity than in previous intakes but there still remains in the school the ever-present problems presented by a hard-core of children, both infant and older, of low-mental calibre.



Ages on Admission Years		I.Q.'s. on Admission	
5—6	... —	—50	... —
6—7	... 3	50—60	... 1
7—8	... 1	60—70	... 2
8—9	... —	70—80	... 2
9—10	... 3	80—90	... —
10—11	... 1	90—100	... 1
11—12	... 2	100—110	... 1
12—13	... 2	110—120	... 1
13—14	... 1	120—130	... 1
14—15	... 2	130+	... —
15—16	... —	Not assessed	... 6
	—		—
TOTAL	... 15		15
	==		==

“ The wide range of ages and abilities makes careful ascertainment of their potentialities of urgent importance in allocating them to the present four groups. The need for a transition group with an emphasis on the teaching of reading and writing to the 7–10 year-olds has been considered. This should cover the gap between the nursery section and the older juniors and enable the overlaps in the groups to be absorbed.

“ The School Branch Library has been expanded and is efficiently run by one of the senior monitors. The County Film Library serves us to provide visual aid material during the winter and spring terms.

“ The annual school sports attracted a large number of parents and visitors including many former pupils.

“ At the most enjoyable Christmas party, the well-known T.V. entertainer Harry Corbett, gave a delightful performance before the main programme. The Scouts and Cubs continue to flourish, the Scouts attending the county rally in Kendal and gaining successes in the sports while the Cubs participated in their own rally at Sedgwick. A number of proficiency badges were gained.

“ The annual summer outing was marred by rain. Despite this the children enjoyed the steamer trip on Windermere and the excursions in Borrowdale. The senior group managed to climb on Great Gable, an achievement they much relished.

“ Some people who are unfamiliar with epileptic children may be surprised by the scope of these children's interests and activities even in the athletic field. One boy managed to win two silver medals at the Scouts' sports in Kendal.

“ No radical changes were made in the school curriculum ; basketry, rugmaking, woodwork and cookery continue as the main crafts.”

### MALADJUSTED PUPILS.

The child guidance clinic is an essential feature of the treatment services which should be available for children, once they have developed serious maladjustment. In view of the general difficulty in recruiting trained staff it is satisfactory that in the County area the Committee's three clinics have been maintained. Each clinic has a psychiatrist as medical director and all have been fully staffed, with the exception, as previously, that at Huyton we are still without the services of a psychiatric social worker. The children treated at these clinics continue to attend school. The great majority of these children are referred directly by the school medical officers, though a certain number come from the magistrates courts, children's officers, family doctors, hospitals, parents and psychiatrists.

Some seriously maladjusted children, owing to the inability of the parents to co-operate in the treatment, can only be satisfactorily treated away from their home environment and most of these are placed in special schools or hostels. A number of County children for this reason are admitted to special residential schools administered by other bodies. The Committee's boarding home, "Brynbella," where the children resided but attended day schools locally, gave some very useful service in this way. Unfortunately, though a new warden took up his duties early in the year and a nucleus of staff were able temporarily to look after a handful of children, it was not possible, in spite of all efforts, to recruit sufficient staff to allow the admission of a reasonable number of children. The Committee therefore decided, very reluctantly, to close the hostel.

For most of the year, Dr. Louise Devlin, the psychiatrist in charge of the Preston clinic, found herself unable to attend this clinic in addition to her duties at Huyton, consequently very few cases were seen here. Reports follow from the psychiatrists in charge concerning the other clinics.

### CHILD GUIDANCE CLINICS.

#### *Huyton.*

Dr. Louise Devlin, psychiatrist, reports on the Huyton Child Guidance Clinic as follows :—

"The volume of work done in 1960 on the psychiatric side was rather less than in 1959. A considerable amount of the psychiatrist's time was given to people who called in without appointments, most of them in such distress that they had to be seen at once. The help of a psychiatric social worker would have been invaluable in these emergencies as well as in the routine work of the clinic.

We were sad to lose the valued services of our last psychiatric social worker, Mrs. O. L. Keidan, at the end of August, as the two sessions a week which she gave us were of great assistance. In this connection, we greatly look forward to welcoming one of the psychiatric social workers who were seconded by the County Council for training in mental health.

"The excellent progress made in the School Psychological Service is a source of great satisfaction to us all.

"Of the children whose treatment was completed during this year seven were only given a short course of treatment in preparation for their admission to boarding special schools for maladjusted children. In view of my impending long absence from the clinic some other children have been discharged earlier than they would normally have been. It is hoped that these children have gained enough insight and matured sufficiently to enable them to carry on without clinic help.

“ Though it will probably always be necessary for various reasons to send some of our children away from Lancashire, it seems to us a vital need that if at all possible we should have one or more schools for maladjusted children in the County area. This would greatly mitigate the natural anxieties of the parents regarding their children being so far away : they could visit them and we would do our best to make contact with the local schools, if only at intervals. As an example there is a boy of nine who is at a school for maladjusted children in the south of England and whose mother, for various reasons, wishes to bring him home for good. This would be disastrous, as when he was under our care he had a very severe school phobia and he is certainly not fit to return home. If he did he would probably again refuse to go to a day school. For other reasons, too, he needs a much longer period of residential care than he has had. If we had been able to place this boy in Lancashire we would probably have been able to persuade the mother to allow him to remain there as she could then have seen him at intervals.

“ The great need for preventive work has struck me very forcibly this year as quite a few cases reached the school medical officers too late. We hope that it may be possible to attempt this work, if only on a small scale at a later date.”

Mr. T. Simm, senior educational psychologist, presents the following report on the School Psychological Service :—

“ The work undertaken by the educational psychologists during 1960 has been quite varied. In all, 509 children have been given individual tests and the work has involved 389 visits to schools, clinics and other centres. As in previous years, many children were referred by the school medical officers. In a large proportion of these cases it is possible, after psychological assessment, to suggest measures, *e.g.*, change of type of school or class, remedial help, advice to parents and school, which go a long way towards resolving their difficulties. In this way it is possible to reserve the more concentrated approach of the full child guidance team for the more disturbed children. Several children seen by the psychologists have, in fact, been referred to the full team for further investigation. Once again a number of very backward children, including pre-school children (who present a very difficult problem for testing), have been seen. Of all cases referred by school medical officers, 219 were seen in Education Division 16 and 30 from others.

“ Owing to the lack of psychological help at the Preston Child Guidance Clinic, Mr. Simm has worked 14 sessions there and both educational psychologists at Huyton have conducted psychological interviews at the Children's Committee's Reception Centre at Bamber Bridge. 25 visits have been made to this reception centre and 55 children tested individually.

“ As expected there has been a greater emphasis this year on contact with schools. The Remedial Education Scheme which is run jointly with the Education Department, has expanded and is now functioning in both Huyton and Widnes. This service is designed to help children who have been held back educationally, for various reasons, to catch up in the basic subject of reading. Another object of the scheme is the prevention of maladjustment which often arises as a result of frustration in children who, despite normal intelligence, have failed to learn to read adequately.



" The scheme in Huyton has been functioning since January, 1960, and the children attend for remedial help in reading two or three times a week. The remedial teacher, Mr. J. McEntee, works in a room provided for this purpose at the Huyton Child Guidance Clinic and the children are taught in small groups of four to six children. At the start of the scheme 74 children were attending. Of these ten have been discharged but their places have been filled and there are at present still 74 attending. Some of the children left the district. However, it was considered that five children did not need further help after only two terms' attendance. One boy made an improvement of four years in his reading age—such a large and rapid change will probably be the exception rather than the rule, but it was apparent before the Christmas holidays that most of those attending were showing a steady and appreciable improvement. We are hoping that about half of those now attending will have improved sufficiently to be discharged by February (*i.e.*, after three terms of remedial help). Their places will be taken by other children needing help who were too young to be taken on last time. Full figures should be available for the first 12 months of the scheme (for both Huyton and Widnes) at the end of 1961.

" The Widnes Education Committee appointed a remedial teacher, Miss E. Oldfield, in September, 1960. The children needing remedial help were selected by the psychologists before this, 419 children being group-tested in schools and 107 children given individual tests and their parents interviewed. The children attend two centres ; one of these is in a school at one end of the town and the other in a school clinic at the opposite end. Travelling difficulties appeared to be greater in Widnes than Huyton but these have been overcome. The attendance in fact has been very good, thanks to the co-operation of head teachers and parents. The children have now received their first term of remedial help and most are already showing improvement.

" Much work has also been done in Widnes in connection with the selection of suitable children for the new school for educationally sub-normal pupils due to open shortly. Psychological help has also been given to children attending the day open air school at Widnes, and also at Singleton Hall Residential School. The extent of the contact with schools is shown by the fact that 170 school visits have been made during the year. This liaison with schools is of course an integral part of any school psychological service and it is hoped that the scheme will be of much benefit to those children experiencing difficulty at school.

" Co-operation of the divisional medical officers and their staffs with the psychologists has, as usual, been excellent. The divisional school medical officer for Education Division 16 has been especially helpful by providing premises for the remedial teacher at the Mayfield School Clinic in Widnes. We have been particularly grateful this year to the divisional education officers of Widnes and Prescot and to all those head teachers concerned with the remedial education scheme for their interest and co-operation."

### *Whitefield.*

Dr. Maria Dale, psychiatrist, reports on the Whitefield Child Guidance Clinic as follows :—

" It is a disturbing thought that during the last few years the numbers of referred patients greatly outnumber those who can be dealt with ; therefore long waiting lists have developed

and patients have to wait not only about 18 months for first examination but a further long period for treatment. We have, of course, an urgent waiting list but even for this the waiting time is longer than we would wish. Further disturbance to normal running is caused by referrals from the courts. The magistrates require psychiatric examination for these children almost immediately, and they have to be given priority over all those whose names have been for a long time on the waiting list. Last year this proportion was unusually high ; more than a quarter of all those referred were from the Courts. This year the number is somewhat smaller, owing to the three months during which no psychologist was working in this clinic and to my absence during the latter part of the year. It is to be hoped that special arrangements can be made for Court cases, so that the clinic can function more normally and concern itself with the great number of children whose neurotic disturbance and home background justify a better prognosis with psychological treatment.

“ Due to the unduly long waiting time many names were withdrawn from the waiting list. This, of course, means a waste of time for the clinic staff dealing with correspondence, preliminary investigations, book-keeping, etc., which is entailed in dealing with new referrals.

“ As always we enjoyed the co-operation of the probation officers who attend our case conferences regularly. We are also grateful for the co-operation of the divisional medical officers, school medical officers and area children’s officers.”

The following is a summary of the work done at the three clinics in the County area during 1960 :—

Number of Pupils	Huyton	Whitefield	Preston	Total
Referred     ...     ...     ...     ...	579	182	24	785
Withdrawn from register     ...     ...     ...	4	78	—	82
Given diagnostic interview     ...     ...     ...	47	85	14	146
Found suitable for clinic treatment     ...     ...	25	30	5	60
Unsuitable for clinic treatment     ...     ...	22	55	9	86
Attended for treatment     ...     ...     ...	57	29	6	92
Treatment completed     ...     ...     ...	41	9	—	50
Much improved     ...     ...     ...     ...	26	2	—	28
Improved     ...     ...     ...     ...	10	6	—	16
No change     ...     ...     ...     ...	5	1	—	6

## SPEECH DEFECTS.

Speech therapy was carried out by 15 speech therapists, four of whom were part-time. The number of clinics has decreased from 64 to 61. The total number attending for treatment was 2,640.

The Speech Therapy Service is now an extensive one and taking the County as a whole the area is reasonably covered for most of the time. Gaps, however, occur when speech therapists leave and are not replaced immediately.



Experience with children who are in need of speech therapy shows very clearly that many factors are involved in its causation and certainly in its treatment. The wise therapist endeavours first of all to establish a good relationship with the parent but there are others who may be closely concerned. The school nurse, the teachers at school and the teachers of the partially deaf may all have a part to play and in view of the frequent presence of emotional factors the psychiatrist can sometimes give invaluable help. All the therapists, therefore, at sometime visit the schools and occasionally the homes of the children, in this way obtaining a fuller picture of the child's problems.

Contact with schools is valuable as the head teacher more readily appreciates the kind of speech defects to refer to the school medical officer, with a view to speech therapy ; he is also able to keep a better check on the children receiving therapy. This point is emphasised by Mrs. G. Yardley who says in her report :—

“ Several schools have been visited during the year and it most gratifying to see the increasing interest shown in speech therapy. Headteachers and their staff have been most co-operative. The teachers readily furnish a great deal of useful information regarding the child's academic progress and his reactions to and relationship with other children in the class. They report on the child's speech in school and such observations are of considerable assistance to the speech therapist. Teachers also check the attendances at the speech clinic and endeavour, with some success, to maintain a good record of attendance. In certain cases of children who have difficulty in practising their speech work at home, it has been possible for the teacher to assist the children with their practice. Conversely, teachers ask the advice of the speech therapist from time to time regarding the best approach with children who have a speech defect or an opinion about a child who is thought to require speech therapy. A good relationship with the teaching staff promotes a greater understanding of the speech defective and may well result in progress in both speech and school work.”

The speech therapists are constantly made aware of the paramount importance of parents at all stages of treatment. Mrs. M. L. Ingamells says :—

“ Several pre-school children have attended. Treatment of these children is important in that it helps to allay the fears of over-anxious parents. Such a parent conveys anxiety to the child and therefore early treatment can help to avert emotional problems and also better equip a child for starting school.”

Mrs. C. J. Capes mentions “ a little girl from a good home who attends a special school for educationally sub-normal children and who has been discharged with clear speech. The mother at first was unable to hide her disappointment at her daughter's lack of academic ability, but as her attitude changed, her daughter progressed and is now speaking fluently and with assurance.”

All the speech therapists emphasise the importance of following up treatment in the home.

The following is a summary of the work done at the various centres :—

Clinic	Number attending for treatment	Discharged cured	Discharged improved	Treatment suspended	Ceased attendance	Still attending
Accrington ... ..	38	8	6	5	6	13
Ashton-in-Makerfield ... ..	26	8	3	—	1	14
Ashton-under-Lyne (Richmond House) ...	73	7	—	—	2	64
Bromley Cross ... ..	17	3	3	3	2	6
Chadderton ... ..	39	12	8	5	3	11
Chorley (St. Thomas' Square) ... ..	62	14	5	5	2	36
Clitheroe ... ..	19	8	—	—	—	11
Crosby (Alexandra Hall) ... ..	16	3	—	5	—	8
Crosby (Prince Street) ... ..	58	8	5	17	8	20
Dalton-in-Furness ... ..	24	7	1	2	1	13
Darwen ... ..	50	20	2	2	4	22
Davyhulme ... ..	72	8	1	42	3	18
Earlestown ... ..	21	3	3	—	—	15
Eccles (Hyde Lodge) ... ..	74	11	6	12	10	35
Failsworth ... ..	28	4	—	—	—	24
Fleetwood ... ..	30	7	2	1	2	18
Formby ... ..	27	7	2	1	1	16
Golborne ... ..	18	3	2	5	—	8
Great Harwood ... ..	13	3	1	—	1	8
Haydock ... ..	32	4	4	11	5	8
Heywood ... ..	60	11	8	2	7	32
Hindley ... ..	32	3	3	7	2	17
Horwich ... ..	46	3	8	11	5	19
Huyton (Fairclough Road) ... ..	72	4	8	13	18	29
Ince-in-Makerfield... ..	50	7	6	17	6	14
Kearsley ... ..	41	8	1	11	6	15
Kirkby (Southdene) ... ..	94	17	3	—	14	60
Kirkby (Westvale) ... ..	108	15	6	1	16	70
Kirkham ... ..	41	11	3	1	6	20

Clinic	Number attending for treatment	Discharged cured	Discharged improved	Treatment suspended	Ceased attendance	Still attending
Lancaster (Ryelands House) ... ..	79	22	1	—	16	40
Leigh (Stone House) ... ..	28	5	4	1	2	16
Litherland (Sefton Avenue) ... ..	29	5	2	4	2	16
Littleborough ... ..	49	9	5	4	5	26
Little Hulton ... ..	29	5	6	6	2	10
Lytham St. Annes (Bath Street) ... ..	21	4	—	1	7	9
Lytham St. Annes (Public Offices) ... ..	48	12	3	—	8	25
Maghull ... ..	31	6	2	5	3	15
Middleton (Durnford Street) ... ..	87	9	13	7	12	46
Middleton (Langley) ... ..	36	4	5	3	8	16
Morecambe ... ..	43	12	7	1	5	18
Nelson (Carr Road) ... ..	70	30	1	7	—	32
Ormskirk ... ..	40	8	3	4	2	23
Orrell ... ..	38	6	—	3	5	24
Padiham ... ..	9	—	2	1	—	6
Poulton-le-Fylde ... ..	16	1	—	—	1	14
Prescot ... ..	43	9	6	—	5	23
Preston ... ..	52	11	4	—	5	32
Ramsbottom ... ..	25	7	—	1	4	13
Rawtenstall... ..	50	13	4	5	5	23
Royton ... ..	36	6	7	2	6	15
Standish ... ..	26	6	—	1	3	16
Stretford (Old Trafford) ... ..	42	2	1	25	5	9
Stretford (Mitford Street) ... ..	67	6	1	39	4	17
Swinton (Victoria Park) ... ..	97	4	3	49	7	34
Thornton Cleveleys ... ..	22	3	6	—	1	12
Tottington ... ..	37	1	1	1	14	20
Ulverston ... ..	32	4	2	1	1	24
Walkden ... ..	52	7	7	7	7	24
Whitefield ... ..	40	10	3	6	1	20

Clinic	Number attending for treatment	Discharged cured	Discharged improved	Treatment suspended	Ceased attendance	Still attending
Whitworth ... ..	39	3	6	2	6	22
Widnes (Kingsway) ... ..	46	5	6	2	1	32
TOTAL ... ..	2,640	462	211	367	284	1,316

In addition 47 physically handicapped pupils attending the Bleasdale House, Keppleway, Sedgwick House and Singleton Hall Residential Special Schools received treatment for defects of speech from one of the Committee's speech therapists.

#### EDUCATIONALLY SUB-NORMAL CHILDREN.

During the year 555 pupils were found, on examination, to be educationally sub-normal and to require education in special schools. This work is mainly the responsibility of the school medical officers, who must be approved for the purpose. Some are assisted by the educational psychologists who work in the child guidance clinics and occasionally when a decision is very difficult the child is referred to one of the psychiatrists in the service. The names are finally handed on to the Education Department.

#### INEDUCABLE CHILDREN.

During the year 180 children were found to be ineducable under Section 57 of the Education Act, 1944 ("or unsuitable," after November 1st, 1960), and in regard to 28 children during their last year at school it was considered that they might be in need of supervision after leaving school, under Section 57(5) (prior to November 1st, 1960).

## SCHOOL DENTAL SERVICE - 1960

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, Mr. L. B. CORNER.

#### *General.*

In 1960 the rising incidence of dental decay in children received more national attention than in any other year. Following upon representations from many quarters, press, radio, and television played a most important role in giving much wanted publicity to the appalling state of children's teeth and the need for further measures to combat the disease of dental decay.

The publicity achieved results, and not only was attention directed to the difficult situation in which the School Dental Service had remained since 1948, but public consciousness and opinion were stimulated as never before on the subject of dental decay.

The lessons which were borne home, though by no means new to those dealing with the dental health of the school child, were the need to publicise the problem until the solution is found, and the need to reinforce the measures for both cure and prevention.

Dental hygiene and the care of the mouth and teeth should be part of the everyday training of a child, starting as one of the earliest features of education. The present state of the nation's teeth is in no small measure due to the failure to educate past generations successfully in the care of this important part of bodily health. The task of achieving and maintaining dental health must not be left to the dental surgeon alone. Intensive education is necessary in such fundamentals as dental cleanliness, proper diet, and the avoidance of those foods which, in the light of present day knowledge, are associated with dental decay. Dental health programmes can play an important part and publicity campaigns can inform the public of the problem, but the real core of the matter lies in the training of the individual child to accept, as part of the normal process of growing up, everyday principles of oral hygiene and care. The clinical teaching of these principles must lie in the care of the dental surgeon but also it must be borne home that there is a charge in addition upon the parent, the teacher, and all those associated with the upbringing of the child. Ideally, instruction in the means to attain good bodily health should take precedence over all else as, without that, much of the effort put into other teaching may well be lost

#### *The Dental Service.*

An effective dental service for children should be not only engaged in curing the damage done by dental decay, but should be also in the forefront of its prevention.

In putting this dual policy into effect the Committee's dental officers have had the full support and co-operation of teachers, doctors, and school nurses and health visitors in the field, in giving talks and instruction to children in school, Parent Teacher Associations and to expectant and nursing mothers in maternity and child welfare centres, and Mothers' Clubs. This aspect of the work is given every encouragement and is being developed year by year. So many and varied are the steps being taken to deal with the increasing incidence of dental decay in children that it is not possible to make a complete review, one or two important ones are referred to, however, as being of current interest.

Among measures under consideration for the reduction of dental decay in children is the fluoridation of water supplies, researches into which are being conducted by the Ministry of Health. Studies and investigations are still going forward in selected areas to ascertain the benefits likely to be derived



from raising the fluoride content of the water supplies to a level which, occurring naturally in other areas, had been proved to have a beneficial effect, particularly on the teeth of children. In certain areas of England, where the water supplies carry one part per million or more of fluorides, the resistance to dental decay in children's teeth is substantially greater than in areas where little or no fluoride is present. In Lancashire, for instance, investigations have shown that the fluoride content of the drinking water is below the level considered necessary for this preventive effect. When the results of these studies are published it is to be hoped that yet another public health measure will become available to combat dental decay.

Increasing the dental staff in the School Dental Service is also recognised as a necessity in combating dental decay and, during 1960, the Committee made representations to the Ministry of Education regarding the need to extend the facilities for the training of dental surgeons. The reply from the Ministry indicated that steps were being taken to meet the needs and reference was made to the increased number of places to be provided in new plans for dental teaching hospitals. Again, in this connection the Committee was also informed of the opening of the school for the experimental training of dental auxiliaries at New Cross Hospital, London, in October, 1960. The Privy Council had directed that the experiment should be put into effect in order that the usefulness of such a body of additional personnel to the dental service might be ascertained. Sixty students were initially engaged in a two years' course and are expected to complete their training in 1962. The dental auxiliary, when qualified to give dental treatment to children, will work under the direction of a dental surgeon, performing prescribed operations much as a nurse undertakes certain treatments on medical direction. The dental auxiliary is intended to supplement and not, as may be supposed, to form a substitute for the present School Dental Surgeon.

These measures are, of course, long term and there still remains the need for an immediate stimulation of entry into the Local Authority Dental Service of young men and women.

### *Dental Staffing.*

There have been great fluctuations in the School Dental Service in the County since the introduction of the National Health Service in 1948. In 1951, when 276,841 children were on roll, attending 1,201 schools, the dental staff had been reduced to an equivalent of 31, with clinics completely closed at Littleborough, Milnrow, Crompton, Newton-le-Willows, Haydock, Rishton, Oswaldtwistle, Blackburn, Padiham, Chorley, Bacup, Irlam, Urmston and Nelson. Despite difficulties in recruitment, the Committee has been successful in re-opening the clinics named above and, at the same time, has increased the dental staff to an equivalent of 50 full-time officers. Though in some instances only a reduced service could be given, all clinics were operative during 1960 and dental inspections were carried out so far as treatment demands would allow. The problem of dental staffing in East Lancashire remains acute, however, and the difficulty of maintaining a service in that area is a constant source of anxiety.

As stated so often before, the misfortune has been the enormous number of staff changes attendant upon the maintenance of the Service. After shortage of personnel, this has been the principal obstacle to the successful conduct and expansion of the Service. One area dental officer, whilst enquiring into the reasons for a reduced acceptance rate, found that, in the majority of cases lost to the clinic, the reason given was the constant change of dental surgeons at the clinic and the periods of closure between the changes. The table below shows alterations in the pupil/dentist relationship, and the relationship in the ratio of full-time to part-time staff in the last ten years (1950-60 inclusive).

Year	Number of Pupils on Roll	Number of Dental Officers (Equating whole-time)	Number of Pupils per Dental Officer	Number of Whole-time Dental Officers	Number of Part-time Dental Officers
1950	269,157	34·60	7,779	32	9
1951	276,841	31·45	8,802	29	11
1952	285,748	38·75	7,374	35	13
1953	293,582	39·86	7,365	31	24
1954	302,035	42·90	7,040	33	26
1955	309,977	43·60	7,109	34	28
1956	318,340	46·08	6,908	38	20
1957	323,917	42·44	7,632	35	19
1958	328,791	42·71	7,698	33	27
1959	331,970	48·17	6,891	34	39
1960	337,510	48·95	6,895	34	42

In this table not only is the change evidenced in the added number of children but the change in the pattern of staffing is also brought out. Clearly, if no stimulus had been given to recruitment of part-time staff a large number of clinics would have been closed today and it would have been impossible to offer any dental service in the majority of new clinics.

In the annual report to the Committee in 1959, it was stated that towards the end of the year there was some increase in recruitment and the total dental officer staff rose to 48·17 in terms of whole-time personnel. This improvement happened too late in 1959 to affect the returns for that year but the hope was expressed that, if the position was maintained in 1960, the effect would become apparent. This fortunately proved to be the case, though the service suffered the loss during the year of a further three well-experienced members of the full-time staff and this reduced, to some extent, the effectiveness of the work in the year under review.

Mr. Harold Ashworth, whose untimely death terminated a valued service to the people in the Rochdale area, had been in general practice before joining the County Dental Service. This loss to the areas in East Lancashire which he served so well, was the more regretted because of his popularity with the children and parents alike.

Mr. R. Ackers, one of the original small team of dental surgeons who had been instrumental in the building of the Service, retired after some thirty years in the Kearsley and Walkden areas. Mr. Ackers had given dental treatment to three generations in his district and his retiral was a loss, which was keenly felt, both to the Service and by his colleagues. Mr. H. O. Silcock, the dental surgeon at Widnes Clinic also retired during the year. He also was a corner-stone of the Service and his retiral marked the end of a long and devoted career during which he contributed of his very best to the dental well-being of the people of Widnes.

These losses representing, as they do, long experience and ability combined with an understanding of the dental needs of children, take many years to make good and present an added problem in the maintenance of the present slender resources of the Service. That younger graduates are not entering the Service is shown in the following table analysis of whole-time dental officer staff in age groups.

Year	Under 30 years	30-39 years	40-49 years	50 years and over
1939	—	10	9	—
1952	5	5	10	15
1960	3	8	10	13

In terms of individuals there were during 1960 engaged in the Committee's School Dental Service the following :—

Dental Officers (Whole- and Part-time)	Orthodontists (Part-time)	Anaesthetists (Part-time)	Dental Surgery Assistants (Whole- and Part-time)
76	4	25	80

The total staff of 185 individuals were operating in 86 clinics, dispersed throughout the Administrative County Area. If this number could be constant for a reasonable period of time it might be possible to come to a more accurate assessment of the real needs of the Service.

#### *Dental Clinics.*

During 1960 new dental clinics were opened at Kirkham, Ramsbottom, Crompton, and Kirkby Town Centre, bringing the total of new clinics opened since 1951 to 22, and of these 11 provided a dental service where none existed previously. The process of bringing dental equipment up-to-date was continued and X-ray installations have now been made in 15 areas. Orders were placed during the year for a number of high speed turbine drills to be made available in some 27 centres as a means of lessening the tedium of filling preparation for children.

In addition to the fixed surgeries a mobile unit, purchased in 1953, continues to provide a dental service in the rural areas adjacent to Preston.

#### *Dental Inspection and Treatment.*

During the year a total of 173,382 children in the County were dentally inspected, 145,717 in the schools and 27,665 in the clinics. 105,718 were referred for treatment and 55,241 elected to accept treatment at the clinics. This represents an acceptance ratio of 52·3 per cent. or just over half the children referred. This is an apparent decline in acceptance but in reality more children accepted treatment in 1960 than in any year since 1950. Whilst some fall is certainly due to more parents using the general dental services, the figure is considerably influenced by the much increased number of

children referred. There is still, however, a larger number who avoid any remedial treatment until pain drives them to the clinic or the practitioner. Reports indicate that substantial numbers of children now receive their dental treatment from the family dentist working in the National Health Service but if the tables following are reviewed it will be seen that over the last ten years, while apparently the volume of demand may have decreased, the quantity of treatment demanded and given has substantially increased per individual child.

*Table of Treatment per 100 Children*

Year	Attendances	Permanent Teeth		General Anaesthetics	Other Operations	Dentures Supplied
		Fillings	Extractions			
1951	163	47·90	34·08	65	38	0·53
1952	178	60·18	33·97	64	43	0·55
1953	192	68·47	38·31	64	47	0·54
1954	205	72·14	41·43	68	48	0·61
1955	214	80·29	42·92	68	49	0·72
1956	225	87·83	46·72	65	49	0·89
1957	229	90·94	49·95	65	52	1·00
1958	231	94·12	50·05	65	65	1·14
1959	234	101·24	47·67	62	68	1·16
1960	243	119·58	46·95	63	78	1·19

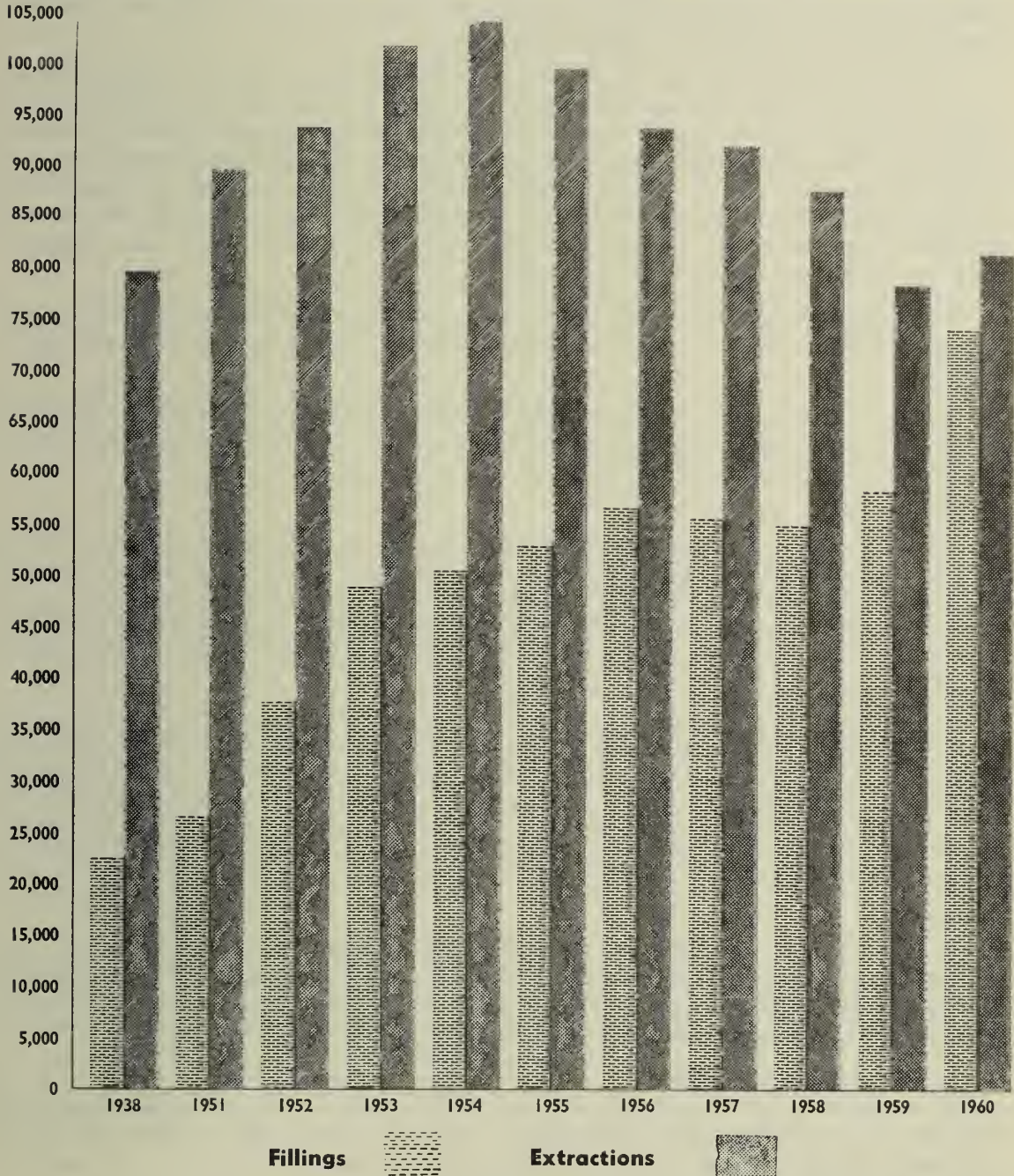
The rise in the volume of fillings per 100 children is also reflected in the increase in this section of the treatment analysis during 1960 as shown on page 90.

In considering the relative numbers of fillings compared with extractions, it is of interest to review a number of years, including the year immediately prior to the war :—

Year	Fillings	Extractions	Year	Fillings	Extractions
1938	22,390	79,310	1956	56,866	93,979
1951	26,407	89,604	1957	55,161	91,783
1952	37,661	93,811	1958	55,082	87,802
1953	48,745	101,556	1959	58,382	78,467
1954	50,359	104,332	1960	74,159	81,421
1955	52,815	99,793			



The significance of these figures may be more readily appreciated from the following graph which illustrates yearly comparisons between fillings and extractions of permanent and temporary teeth.



It will be seen from the above that, whereas the number for all fillings completed in 1938 was only 28 per cent. of the total of all extractions this figure had increased to 91 per cent. in 1960.

For the year the total number of fillings was 74,159 as against 58,382 the previous year, and 55,082 in 1958.



Fortunately there has not been a similar rise in the extraction of permanent teeth, in fact the number of permanent teeth extracted on account of dental caries only rose by 1,537 over 1959, whereas fillings in permanent teeth increased by 13,916 in the same period. More than 18,542 local anaesthetics were administered, the highest total to date for any year.

When giving dental treatment to children time is frequently expended without tangible result and, amongst the many duties which consume time in the surgery, a number can only be summarised as "other operations." These include such items as scaling and polishing, gum treatments, dressings, impressions and a number of minor but necessary treatments. In 1960 a total of 40,952 such operations was carried out in the clinics. It must be remembered that, in dentistry, every operation is carried out by hand and the operator is dealing with children who are often apprehensive and who are extremely sensitive to their surroundings. The very nature of the treatment must limit the length of time which a child can be expected to remain in the dental chair.

It is gratifying to be able to record an increasing use of X-ray films for diagnosis and treatment planning during the year. In the clinics, 1,069 radiographs were taken as against 852 in 1959 and 544 in 1958.

In the use of dental X-rays, regard was paid to the recommendations of the Report on Radiological Hazards and all machines in the County have been fitted with filters and collimators to reduce even the small risks connected with dental radiography.

#### *Attendances by School Children for Treatment.*

An additional 15,428 attendances were made in this year compared with 1959, the total being 137,153. One extremely disturbing feature of the attendance figure, however, is the number of broken appointments. With the present scarcity of dental time it is a duty of parents to give reasonable notice wherever possible of the inability of a child to keep an appointment—wasted appointments mean that someone who would be glad to attend may have been denied the opportunity because of this neglect.

#### *Attendances of Parents.*

The statement that the school dental service is not solely a treatment or emergency service will bear repetition. One of the principal duties of any effective school dental service is the training of children as dental patients and, at the same time, to instruct parents that their care can play a substantial part in helping their children to achieve sound dentitions. It is gratifying to report that almost 52,000 parents attended the clinics, along with their children, to be advised on matters relating to the dental treatment of their children.

#### *Orthodontics.*

As in previous years the Specialist Orthodontists have been asked to submit brief reports of the work carried out by them in the clinics specifically devoted to the treatment of dental malpositions and deformities. Many parents have recorded their gratitude for the dental treatment given in the County clinics and this applies equally to the remedial treatment of orthodontics.

Mr. Hodgkins, from the Blackburn Clinic, in his report says that simple cases referred by dental officers are treated as soon as they can be fitted in. This prevents such cases, requiring only brief treatment, from becoming, through delay, cases of greater complexity. Special clinics are held for examination, diagnosis, and advice and, by utilising this, Mr. Hodgkins achieves a simpler and more rapid approach to the ascertainment of treatment requirements.

It is pleasing to note from Mr. Hodgkins' report that he specially calls the attention of dental officers to the fact that he will see patients for diagnosis and advice with only a three to six weeks' delay. Another point raised by Mr. Hodgkins, and one which demonstrates the follow-up in these cases, is that patients who leave school following completion of treatment are sent, for the ensuing three years, an annual reminder to have a dental inspection so that the benefits of their orthodontic treatment may not be lost.

Mr. Pogrel, who operates in a number of clinics in the south-western area, in his report for the year, mentions the increase in the number of requests from dental officers for treatment planning and refers to the interest in this on the part of new entrants to the service who are anxious to increase their knowledge of orthodontics and so add scope and interest to their own work, with advantage to their patients.

Mr. Angelman, in his report for the Failsworth Clinic, draws attention to the increase in the number of cases commenced during the year and, as mentioned by Mr. Hodgkins also, quotes the benefit of instituting a quicker inspection of referred cases so saving much treatment time at a later date.

In common with all his colleagues, Mr. Angelman feels that too many patients fail to keep appointments with consequent wastage of valuable operating time.

In dealing with cases sent for advice it is suggested that dental officers can greatly assist by sending models, notes, and radiographs connected with the case.

The great advantages of simplified appliances are stressed in the report, particularly from the patient's point of view, where toleration is important.

Mr. Angelman presented a paper on clinical Cephalometrics to the European Orthodontic Society in July, 1960, and comments, in this connection, on the usefulness of the Cephalometer installed by the Committee in the Failsworth Clinic.

Mr. Rowe, in his report on the progress of the Orthodontic Service at the Failsworth and Preston clinics, refers to a somewhat reduced period of delay before treatment can be commenced. In the initial stages of the service waiting periods of up to two or even three years were not uncommon and it is to be hoped that, having now achieved a reasonable waiting time, the present improved situation will continue.

Patients themselves have much to contribute to the successful operation of the service, and Mr. Rowe makes reference to this when he discusses the length of treatment periods involved in the correction of certain irregularities.

The time involved in the treatment of dental deformity often places a great strain upon the keenness of patient and parent alike but, once the initial steps are taken it is essential that the continuity is maintained. Failure to attend when appointments are given means delay, not only in the patient's own treatment but also in the treatment of others and every broken appointment means that someone else who wanted to come has been denied the privilege.

The service is understaffed and it is for everyone to see that the best use is made of what we have; time wasted by broken appointments means someone else going without.

Whilst all patients receive instruction in oral hygiene and the care of appliances, Mr. Rowe draws attention once more to the need for care to avoid years of treatment being wasted by neglect.

*Summary.* The Specialist Orthodontic Service maintained its activity without interruption in 1960 and gross attendances at the clinics increased from 7,729 last year to 7,984 this year.

The following table analyses the work of the Orthodontic Section during the year :—

Sessions	Attendances	Cases Brought Forward from Previous Year	Cases Commenced	Inspections and Adjustments	Cases Completed	Cases Discontinued	Individuals fitted with Appliances	No. of Removable Appliances Supplied	No. of Fixed Appliances Supplied	Radio-graphs	Treatment Planning for Dental Officers	Unkept Appointments
871	7,984	973	462	374	390	32	417	664	188	991	275	1,092

#### *Area Dental Officers.*

When the Committee decided in 1959 to establish a category of dental surgeons to assist in the development and expansion of the service in certain areas some six appointments were agreed upon. The areas selected were those where demand for treatment called for assistance in both the operative and administrative aspects of the Service, in three instances increases in population due to overspill made some form of local responsibility for dental arrangements necessary. The response to advertisements was sparse but six appointments were advertised and all have been filled, three by promotion from the existing County staff and three from outside applications.

Dental Health propaganda forms, in addition to routine clinic duties and the training of new staff, an important part of the Area Dental Officer's duties and field work in statistical studies was in the process of being organised at the close of the year. Whilst it is too early to judge the total effects of these appointments, it can be said that their institution has been of great value in carrying on the development of the Service.

A special report has been called for from each Area Dental Officer and the following excerpts are presented for the Committee's information.

Mr. Wheeler comments on the use of the Mobile Unit in the more rural districts around Banks and Tarleton, Education Area No. 4, and also in Garstang, Education Area No. 2. Many of the schools visited in the last 12 months had not previously received routine dental inspection and due to the heavy case load it is unlikely that the inspection interval will be much under two years. Unfortunately, this situation is about average in the County.

Reference is also made to the discouragement caused by patients breaking appointments, this, however, has already been dealt with in another part of the report.

Mr. Hargreaves, the Area Dental Officer in Education Division 17, commenced duty in his area in July. There are four clinics in the area, two of which are new, and the services of two medical anaesthetists are available.

Evening sessions are operated in Haydock and the response is extremely good.

Mr. Hargreaves comments on the appointment of a qualified nursing assistant for anaesthetic sessions and draws attention to the advantages of such an arrangement from the patient's viewpoint. He also refers to the good liaison between the schools and the dental branch of the School Health Service.



On the subject of Mother and Child Welfare Clinics, Mr. Hargreaves makes a particular note of the valuable co-operation of medical and health visiting staff in securing dental attention for the children before acute conditions arise.

Dental Health Education is given much attention in the area and results are being closely observed.

Mr. Donovan, the Area Dental Officer from Education Division No. 10 (Chorley) who also operates in Leigh and Tyldesley, states that the main task, in the present shortage of dental officers, is the control of oral sepsis and consequently conservation of the teeth perforce had to take second place.

At Leigh, despite other responsibilities, regular sessions are devoted to Maternity and Child Welfare Inspection and Treatment but, as Mr. Donovan says, the scale of this branch is limited by staffing.

In his report, Mr. Donovan suggests that the creation of higher gradings in the Service might act as a stimulant to recruitment as a means of offering a career to younger men and women.

Mr. Entwisle, the Area Dental Officer, reporting from Education Division No. 20, mentioned the severe staffing handicap following the death of Mr. H. Senior Ashworth. There was no settled staff for the overspill area in Middleton and this meant considerable increases in the load for other dental officers in the area. Despite the difficulties, however, some help was given to Education Division 23, which was in an even worse plight.

In reporting on an improvement in the rate of dental inspections, Mr. Entwisle comments—“An interesting fact, which emerges from the troubled months referred to, was that the acceptance rate, following school dental inspection which had shown a decrease when staff was short, commenced to rise again on the slight improvement in staff availability.”

Evening sessions in the area continued to be well attended and Mr. Entwisle records an average of 11 attendances per evening session. This shows the keen interest taken by the people in the added service offered in Heywood and there is little doubt that the patients in the area would be appreciative if the level of staffing could be raised to meet all demands.

Mr. L. A. Jones reports from Education Division 16 that the year followed a similar pattern to that of the previous year, though there was a general shortage of staff. The effects of the shortage were felt somewhat less because the available staffing had remained stable throughout the year and adjustments could be made accordingly. Mr. Jones reports that the importance of dental care and oral hygiene was emphasised in the clinics and at School Dental Inspections. The harmful effect of between meal snacks were given publicity throughout the Area. Finally Mr. Jones comments on the improved standards and facilities now available for use in the new clinics at Kirkby and Prescott.

Mr. Higson, Area Dental Officer in the Clitheroe, Colne and Nelson areas, Education Divisions 5 and 6, presses for the appointment of another full-time officer for the Area. He maintains, very properly, that where staffing is continuous and clinics are reasonably attractive and conveniently situated, there is good support from the district. Mr. Higson raises the question of conditions under which dental inspection is carried out in schools. He comments on the excellent co-operation from school staffs but also notes the frequent inadequacy of lighting and space, with the observation that these conditions often do little credit to the Service.



As school buildings improve, however, such facilities will be increased and better standards will be offered ; the same applying to the continuing building programmes of new clinics.

Another point raised in Mr. Higson's report is that in connection with the elimination of neglected mouths. When a child has accepted treatment and has had a full course of treatment, re-inspection is carried out within the next six months and any necessary action is given. Consistent practice of this policy will, Mr. Higson says, do much to reduce the number of neglected mouths which constitute such a drain on the dental officers' time.

Following the practice of previous years the following tables give information to the Committee on the work carried out by the dental staff for the Maternity and Child Welfare Services.

*Expectant and Nursing Mothers*

Inspected	Treated	Attendances	Fillings	Extractions	General Anaesthetics	DENTURES PROVIDED			Other Operations	Radiographs
						Complete	Partial	Repaired		
3,650	2,452	9,170	2,145	8,189	1,100	931	352	70	4,209	197

*Pre-School Children*

Inspected	Treated	Attendances	Fillings	Extractions	General Anaesthetics	Other Operations	Radiographs
3,022	1,286	4,329	1,577	3,565	1,596	1,871	7

The following table shows all the returns of the various branches consolidated into a general picture of the work of the Dental Service during 1960.

Inspections	Attendances	Fillings	Extractions	Crowns	Inlays	Other Operations	Radiographs	Dentures	Repairs
180,054	147,915	77,881	93,175	158	136	47,032	1,273	1,941	166

*Summary.*

An attempt has been made in this report to set out the various ways in which the Committee's policies in respect of its Dental Service have been put into effect, and to indicate some of the steps taken over the last decade for the improvement of the Service. The results may be judged to some extent by statistical returns but the most important aspect of this work is the contribution made to the health and well-being of the school children of the County by everyone who participates in any way in the continuance of the dental service.

## APPENDIX.

PART 1. — STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION AND TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS) DURING THE YEAR ENDED 31st DECEMBER, 1960.

Table A

## PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth) (1)	Number of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1956 and later	2,453	2,435	99·27	18	0·73
1955	11,941	11,782	98·67	159	1·33
1954	12,042	11,946	99·22	96	0·78
1953	5,045	5,004	99·19	41	0·81
1952	1,769	1,761	99·55	8	0·45
1951	987	980	99·29	7	0·71
1950	5,702	5,629	98·72	73	1·28
1949	14,254	14,125	99·09	129	0·91
1948	8,186	8,135	99·38	51	0·62
1947	3,870	3,859	99·71	11	0·29
1946	8,260	8,193	99·19	67	0·81
1945 and earlier	12,180	12,067	99·07	113	0·93
TOTAL	86,689	85,916	99·11	773	0·89

Table B

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS  
(excluding dental diseases and infestation with vermin)

Age Groups Inspected (By Year of Birth)	For Defective Vision (excluding squint)	For any of the other Conditions Recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1956 and later	18	238	250
1955	129	1,271	1,351
1954	213	1,252	1,404
1953	107	453	520
1952	52	142	176
1951	45	80	117
1950	274	425	661
1949	857	1,117	1,940
1948	514	643	1,079
1947	258	276	505
1946	526	713	1,118
1945 and earlier	780	822	1,535
TOTAL	3,773	7,432	10,656

Table C

## OTHER INSPECTIONS

Number of special inspections	...	...	37,204
Number of re-inspections	...	...	28,388
TOTAL	...	...	65,592

Table D

## INFESTATION WITH VERMIN

Total number of visits paid to schools by the school nurses	...	13,922
Average number of visits per school made during the year by the school nurses	...	10.3
Total number of examinations in schools by the school nurses	...	634,940
Total number of individual pupils found to be infested	...	14,801
Number of cleansing notices issued	...	664
Number of cleansing orders issued	...	3

## Part II

## RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1960.

Number of Pupils examined ... .. 86,689 ... 37,204

Periodic Inspections      Special Inspections

Disease or Defect	TABLE A.—PERIODIC INSPECTIONS								TABLE B.— SPECIAL INSPECTIONS	
	Entrants		2nd Age Group		Leavers		Total		T	O
	T	O	T	O	T	O	T	O		
Skin ... ..	388	601	450	384	542	476	1,380	1,461	2,474	385
Eyes—										
Vision ... ..	522	971	1,296	1,556	1,955	2,423	3,773	4,950	1,494	2,069
Squint ... ..	404	551	72	141	196	373	672	1,065	159	320
Other ... ..	88	173	65	114	104	147	257	434	646	110
Ears—										
Hearing ... ..	123	467	53	154	117	415	293	1,036	568	538
Otitis media ... ..	95	477	58	98	54	308	207	883	219	113
Other ... ..	104	309	94	100	141	252	339	661	442	111
Nose and throat ... ..	716	3,786	117	447	279	1,701	1,112	5,934	1,008	1,136
Speech ... ..	223	624	20	50	73	208	316	882	543	383
Lymphatic glands ... ..	31	1,320	3	141	12	499	46	1,960	81	332
Heart ... ..	29	677	24	312	23	489	76	1,478	71	301
Lungs ... ..	111	1,031	25	235	64	496	200	1,762	232	369
Developmental—										
Hernia ... ..	39	146	7	6	19	61	65	213	17	30
Other ... ..	61	627	29	192	88	513	178	1,332	139	180
Orthopaedic—										
Posture ... ..	37	240	67	280	87	432	191	952	68	125
Feet ... ..	501	1,020	210	487	355	823	1,066	2,330	665	436
Other ... ..	240	879	187	591	212	746	639	2,216	547	410
Nervous System—										
Epilepsy ... ..	9	53	4	32	13	46	26	131	29	64
Other ... ..	17	144	2	47	15	112	34	303	116	150
Psychological—										
Development ... ..	11	210	2	46	20	169	33	425	107	262
Stability ... ..	25	441	5	72	20	296	50	809	227	322
Abdomen ... ..	48	185	7	23	14	90	69	298	53	65
Other ... ..	387	595	199	285	330	630	916	1,510	3,885	1,489
TOTAL ... ..	4,209	15,527	2,996	5,793	4,733	11,705	11,938	33,025	13,790	9,700



*Part III*

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1960.

*Table A—Eye Diseases, Defective Vision and Squint*

				Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	...			3,407
Errors of refraction (including squint)	...	...	...	28,377
				<hr/>
TOTAL	...	...	...	31,784
				<hr/>
Number of pupils for whom spectacles were prescribed	...	...	...	12,291

*Table B—Diseases and Defects of Ear, Nose and Throat*

							Number of cases known to have been dealt with
Received operative treatment							
(a) for diseases of the ear	...	...	...	...	...	...	142
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	2,905
(c) for other nose and throat conditions	...	...	...	...	...	...	350
Received other forms of treatment	...	...	...	...	...	...	3,410
							<hr/>
TOTAL	...	...	...	...	...	...	6,807
							<hr/>

Total number of Pupils in Schools who are known to have been  
provided with hearing aids :—

(a) in 1960	...	...	...	...	...	...	38
(b) in previous years	...	...	...	...	...	...	136

*Table C—Orthopaedic and Postural Defects*

				Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	...	...	...	5,050
(b) Pupils treated at school for postural defects	...	...	...	54
				<hr/>
TOTAL	...	...	...	5,104
				<hr/>



*Part IV*

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED  
31ST DECEMBER, 1960.

## (1) Number of Pupils inspected by the Authority's Dental Officers :—

(a) Periodic Age Groups	{	Under 5	...	...	...	...	2,413
		Age 5	...	...	...	...	11,105
		Age 6	...	...	...	...	13,833
		Age 7	...	...	...	...	14,774
		Age 8	...	...	...	...	14,914
		Age 9	...	...	...	...	14,962
		Age 10	...	...	...	...	15,017
		Age 11	...	...	...	...	15,319
		Age 12	...	...	...	...	13,206
		Age 13	...	...	...	...	13,605
		Age 14	...	...	...	...	11,039
		Age 15	...	...	...	...	4,421
Over 15	...	...	...	...	1,564		
							<hr/>
TOTAL						...	146,172
(b) Specials...	...	...	...	...	...	...	27,665
							<hr/>
(c) Total (Periodic and Specials)	...	...	...	...	...	...	173,837
							<hr/> <hr/>
(2) Number found to require treatment	...	...	...	...	...	...	114,534
(3) Number offered treatment...	...	...	...	...	...	...	105,718
(4) Number actually treated	...	...	...	...	...	...	55,241
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf	...	...	...	...	...	...	145,137
(6) Half-days devoted to	{	Periodic (School) Inspection	...	...	...	...	1,299
		Treatment	...	...	...	...	19,556
							<hr/>
TOTAL (6)						...	20,855
							<hr/> <hr/>
(7) Fillings	{	Permanent teeth	...	...	...	...	66,057
		Temporary teeth	...	...	...	...	8,102
							<hr/>
TOTAL (7)						...	74,159
							<hr/> <hr/>
(8) Number of teeth filled	{	Permanent teeth	...	...	...	...	59,926
		Temporary teeth	...	...	...	...	7,680
							<hr/>
TOTAL (8)						...	67,606

(9)	Extractions ...	...	{	Permanent teeth ...	...	...	25,737
				Temporary teeth ...	...	...	55,684
TOTAL (9)							81,421
(10)	Administration of general anaesthetics for extraction ...						32,836
(11)	ORTHODONTICS.—						
(a)	Cases commenced during the year ...						1,422
(b)	Cases carried forward from previous year ...						1,451
(c)	Cases completed during the year ...						1,175
(d)	Cases discontinued during the year ...						152
(e)	Pupils treated with appliances ...						1,021
(f)	Removable appliances fitted ...						1,303
(g)	Fixed appliances fitted ...						230
(h)	Total attendances ...						14,760*
(12)	Number of Pupils supplied with artificial teeth ...						658
(13)	Other operations ...		{	Permanent teeth ...	...	...	27,038
				Temporary teeth ...	...	...	8,381
TOTAL (13)							35,419

\* This figure includes 7,984 attendances at the specialist Orthodontic Clinics.



## HANDICAPPED PUPILS REQUIRING EDUCATION AT

In the calendar year ended 31st December, 1960—		Blind	Partially Sighted	Deaf
No. of Handicapped Pupils who were :—				
(a)	Newly placed in Special Schools or Boarding Homes ... ..	11	6	22
(b)	Newly ascertained as requiring education at Special Schools or in Boarding Homes ... ..	5	10	21
On or about 20th January, 1961—				
No. of Handicapped Pupils who were on the registers of :—				
(i)	1. maintained special schools			
(a)	as day pupils ... ..	—	19	27
(b)	as boarding pupils ... ..	—	1	36
2.	non-maintained special schools			
(a)	as day pupils ... ..	—	2	6
(b)	as boarding pupils ... ..	63	42	125
(ii)	independent schools under arrangements made by the Authority ... ..	1	—	—
(iii)	No. boarded in Homes and not already included under (i) or (ii) ... ..	—	—	—
TOTAL ... ..		64	64	194
No. of Handicapped Pupils who were being educated under arrangements made under Section 56 of the Education Act, 1944—				
(i)	in hospitals ... ..	—	—	—
(ii)	in other groups (e.g., units for spastics, convalescent homes) ... ..	—	—	—
(iii)	at home ... ..	—	2	—
No. of Handicapped Pupils who are requiring places in Special Schools :—				
(i)	total—			
(a)	day ... ..	—	3	1
(b)	boarding ... ..	5	9	2
Included in above totals are—				
(ii)	children who had not reached the age of 5—			
(a)	awaiting day places ... ..	—	1	1
(b)	awaiting boarding places ... ..	1	4	2
(iii)	children who had reached the age of 5 but whose parents had refused consent to their admission to a special school—			
(a)	awaiting day places ... ..	—	—	—
(b)	awaiting boarding places ... ..	—	2	—
Number of Handicapped Pupils who were on the registers of hospital special schools ... ..				

## SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Speech Defects	Total
13	115	54	452	32	15	1	721
26	112	35	555	36	18	1	819
13	536	53	948	—	—	—	1,596
17	100	102	179	3	40	—	478
6	—	6	4	—	—	—	24
67	53	17	133	20	4	1	525
—	1	2	65	42	—	—	111
—	—	—	—	3	—	—	3
103	690	180	1,329	68	44	1	2,737
—	9	—	—	—	—	—	9
—	—	—	—	—	—	—	—
—	18	109	5	—	2	—	136
2	21	10	458	—	—	—	495
18	14	15	165	34	10	4	276
—	—	—	—	—	—	—	2
7	—	—	—	—	—	—	14
—	—	—	55	—	—	—	55
—	—	1	41	1	2	—	47

During the calendar year ended 31st December, 1960 :—

(i) No. of children reported to the local health authority :—

(a) either under Section 57 (3) (prior to 1st November, 1960) or  
under Section 57 (4) (from 1st November, 1960) ... .. 180

(b) under Section 57 (5) (prior to 1st November, 1960) ... .. 28

(ii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57 A (2) ... .. Nil











